AGE should be stated EXACTLY.

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

PHYSICIANS should state

J. Every item of infor-

of OCCUPA.

Exact statement

# -WRITE PLAINEY N. B.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

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٦.	0	1	1	8
	0		-A	1

1. PLACE OF	F DEATH			48	
County	Jant gomery			Registration Dist. No. 22	.8
MIN CORPORATI	ity lacoma t	Park, md		No Washington Son & str	She Ward
			/s (If	death occurred in a hospital or iostitution, give its NAME instead of street and n	umber)
	dence in city or town where		1 00		sds.
2. FULL NAI			shoff	If U. S. Veteran, specify WAR	110-1-7
(a) Residen	ce: No. 1831 >	nint wood (Usual place o		St., M. W. Ward. Washington, D. C. If nonresident give city or town and	State -
	AL AND STATIST			MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE	5. SINGLE, MARR OR DIVORCED	(write the word)	21. DATE OF DEATH	/
Female	White	Single		(Month) (Day)	(Year)
5a. If married, widow HUSBANO of	ed, or divorced			22. I HEREBY CERTIFY, That I attended of	eceased from
(or) WIFE of				May 14, 1936, to June 15	, 19.3.6.
6. DATE OF BIRTH (	(month, day, and year)	ecember	24, 1878		; death is seld
7. AGE Year		Oays	If LESS than	to have occurred on the date stated above, at	
5	8 5	22	1 day,hrs.	The RRINCIPAL CAUSE OF DEATH and related causes of importance yere as follows:	Date of onset
8. Trade, profes	ssion, or particular vork done, as SPINNER	. 1 6 '		(A)	2 VI VII 80 (
	vork done, as SPINNER, BOOKKEEPER, etc	LIAL Service	se worker	Kn. arcinomalosis	Dec. 1935
work was	s done, as SILK MILL, 5	eial Service	10 P W.4	Paint	
r > 1 10 Date deceases	ed last worked at pation (month end	11. Total tir	me (years)	Jum Mina - Melias.	
	May 1926	occul	tin this 25 4rs	Other Contributory Causes of importance:	
12. BIRTHPLACE (cit	ty or town) Philadel	phia	q	Other Contributory Causes of importance:	
(Stete or coun	44	insylvania			
当. NAME	Charles ash	970			
13. NAME  14. BIRTHPLACE				Name of operation	
~ (State of	1 1	many		What test confirmed diagnosis? Clinicol Was there an a	utopsy?_[V_s_
15. MAIDEN NAI	ME Helen	Miller		23. If death was due to external causes (VIOLENCE) fill in elso the following	
16. BIRTHPLACE (State or	' '	J. 20 C	***************************************	Accident, suicide, or homicide? Oate of Injury	, 19
	1 1	1 many		Where did Injury occur? (Specify city or town, county and State	)
17. INFORMANT Wa (Address)	shington Sani	Larium IT	ecords	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA	ICE.
18. BURIAL, CREMAT	ION, OR REMOVAL	, 0, 6,		Manner of injury	
Placedo	2 delle	9 Date 6/1	17 1936	Neture of injury	
19. UNOERTAKER 2	wa lola	unker (	3	24. Was disease or injury in any way releted to occupation of deceased?	
(Address)	1400 Che	45 -	ma	If so, specify	1
20. FILEO Cence	15, 19.36 Al	E Pm	89.17	(signed) Cad M Cleby	A. M. O.
LV. TILLO JUNE		- Luy	Registrar.	(Address) falsoma Jark	Md.
	If more	blanks are needed, ac	idress State Registrar,	2412 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial hephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago DUDBALL Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

PHYSICIANS should state

EXACTLY.

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CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of

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certificate.

of OCCUPA-

Exact statement

1.

N. B.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

PLACE OF DEATH	(23)
County Montgasours	Registration Dist. No. 2/6  No. 304 Xesser Cu. St., W. (If death occurred in a horpital or institution, give its NAME instead of street and number)
Village or City 3 ethers do	No. 3308. Tesemon Cir St. W.
Count 10 yrs  Langth of rasidance Tricity or town where daath occurred	
	mos,ds. How long in U.S. if of foreign birth?yrs,mos
FULL NAME John Water Soul	not g man heterau
(a) Residence: No. ) 30 & Ame Cur	St., Ward.
(11	If nonresident sine site on terms and State

Village or City	this do no	No. 30 f. Desumer Cu St., Ward  If death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of rasidance the city or town when		osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME	Upten Baker	hot g was neterau
(a) Residence: No. 230	(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (gwrite tha word)	21. DATE OF BEATH  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE	nderson Baber October 31 st 1869	22. I HEREBY CERTIFY, That I attended decaased from  June 24 th, 19 36  Illast saw h. Assa alive on June 2. Th, 19 J; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the data stated above, at
1 66 7	2 4   1 day,hr:	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	2 Carmer	Sulmonen Suberculosis Date of one of
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent In this occupation	
	ming Maryland	Other Contributory Causes of Importance:  Lenural Constitution Dailus
13. NAME Jonathan 2	hesley Salver	
13. NAME Wrather 14. BIRTHPLACE (ofty or town) (State or country)	onlyman Cuenta	Name of operation
当 15. MAIDEN NAME Angi	ob benn	23. If death was due to axternal causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)(State or country)	Indelphine Md	Accident, sulcide, or homicide? Date of injury, 19  Where did injury occur? (Specify city or town, county and State)
17. INFORMANT TRASSum (Address) 6902.	sale of Son	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR, REMOVAL Place TO Chevelle Usin	n Date June 26, 1931	, Manner of injury
19. UNDERTAKER M. Scure (Address) To Charles	bus Onuphery	24. Was disease or injury in any way related to occupation of deceasad?
20. FILED 6/26 1936 O	3 e Veryme.	(Signad) A orugo M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	
Arterioscierosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 111 8 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	<b>FURTHER</b>	<b>STATEMENTS</b>	BY	PHYSICIAN
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stated EXACTLY. PHYSICIANS should state

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See instructions on back of certificate.

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mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

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# STATE OF MARYLAND-CERTIFICATE OF DEATH

6320

	CENTILICATE OF DEATH
1. PLACE OF DEATH	
County Montgomers	Registration Dist. No. 2/3
Village or City * Heentling Hell (T)	ocamelle R. H.S.) St Ward
Length of rasidanca in city or town where death occurred	death occurred in a he pital or institution, give its NAME instead of street and number)
a muse Maria	ds. How long In U.S. if of foreign birth?yrsds.
(1) 14 (1) (1)	Jane X
(a) Residence: No. Allow (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
demay White married	(Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. A I HER BY CERTIFY. Fat I ettended deceased from
Ferrye Deay	March 3. 1935 to June 78 1936
6. DATE OF BIRTH (month, day, and year) WEC 1866	I last sew hell alive on June 28, 1936; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, and
69 6 / Idey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance wera as follows:
8. Trada, profession, or perticular kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc.	of fifther of the second
The state of district the state of the state	Usule allalation of heart June
work was done, es SILK MILL, Store Noture	11936
O 10. Deta deceased last worked et this occupetion (month and spant in this	
yaer) occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) faut touch (Stata or country)	Chronic my oranditios 1934.
13. NAME SPRINGE	Bronchief asthma 1920.
E Comment	
(Stata or country)	Name of operation Date of
IS. MAIDEN NAME MUNA Paus	What test confirmed diegnosis? Was there an eu'opsy?  23. If daeth wes dua to extarnal ceuses (VIOL ENCE) fill in also tha following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury, 19
(Stata or country)	Where did injury occur?
17. INFORMAN Mrs. Itelen Genney Can	(Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Of Chevelle - Maryland	
Plecest Marys - To chvelly Data July 1936	Menner of injury
0/20 (2) 10	Nature of Injury
19. UNDERTAKER AM. Acuber Jumpfury (Address) Rachowella mod	24. Wes disease or injury in any wey releted to occupation of deceesed?
7-1 3/2-	If so, specify  (Signed) MD
20. FILED 1 19 3 @ Mus . Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	lì	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JUL 7 1936	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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1. PL/	CE OF DEAT	H	71 1/1/11	LAND	CERTIFIC	94E)	JENIII	UUUX
	inty ma	nt go	emer	7			tration Dist. No. 2	17
Vill	age or City	peluc	levi	lle -	No		St.,	Wa
Len	gth of residence in city	/ / or town where	death occurred				NAME instead of street as irth?yrs	
2. FUI	L NAME	Jarr	y Vi	Dlac	K			
(a)	Residence: No.	Spence	krack	le mo	St., Wa			
PE	RSONAL AND	STATIST	(Usual place		MED		CATE OF DEATH	
3. SEX	4. colon	or race	5. SINGLE, MAR	RIED, WIDOWED.  O (write the word)	21. DATE OF E		ne 190	L, 193 (Year
HUSB	ed, widowad, or divor	cad	0		22, I HE	REBYCER	TIFY, That I attend	ad deceased
	A = H = 1	2	0 no	1.5,-1	0-21	- 1936	to June	9 19
6. DATE O	BIRTH (month, day, Years	and year) —	Days	If LESS than	to have occurred on the	aliva on	420 Rm	daath is
	80	4	17	1 day,hrs.			ted causes of importance	
Z 8. Tra	da, profassion, or par kind of work dona, a SAWYER, BOOKKEEP	ticular s SPINNER,	7.0%		0		p r	Date of c
	ustry or business In	which	ouer	yman	Coro	naryo	celusio	1/90
10. Da	work was done, as SI SAW MILL, BANK, et e dacaasad last work		on far	w	-			
0 7	this occupation (moni	th and $193$	sper sper	ma (years)				
12. BfRTHI	LACE (city or town)	Doyl	estow	7	Other Contributory Ca	uses of importance:		
(St	ta or country)	0	Pa -		$\sim$	one	Heeph	
13. NA	0.00	tru 1	Slaces	<u> </u>	arterio	Selera	ses	sul
14. BIF	THPLACE (city or tow (State or country)	(n) way	Ca	u	Name of operation What test confirmed d		Date of	
15. MA	IDEN NAME CA	then	ne a	acre			ENCE) fill in also the follow	in autopsy?
- 1	THPLACE (city or tow	(n)	<u></u>				Date of injury	_
-	(State or country)	' ' '	20		Where did injury occu	(Specify	y city or town, county and S	State)
17. INFORM	ANT MANA See	ucera	ille n	1	Specify whether injury	occurred in INOUSTR	Y; in HOME, or In PUBLIC	PLACE.
18. BURIAL Plac	cremation for re	MOVAL C. Beerl	Date June	22min 36	Manner of injury			
19. UNDER	AKER Slagdiess) Sed	de	geser	* **	24. Was disease or inju	iry in any way ralated i	to occupation of decaasad?	m
20. FILEO	me 21, 1	36 €	& Ban	Registrar.	(Signed)(Address)	hasto	Sholes	200

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I VED		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Company of the State of the Sta			
	11.50		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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AGE should be

CAUSE OF DEATH in plain terms, so that it may be

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Exact statement

OCCUPATION

MOTHER FATHER

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certificate.

See instructions on back of

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	60
County Moulgonery	Registration Dist. No. 2/3
Village or City To chiefly	No. St Ward
Length of residence in city or town where death occurred yrs mos.	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
1 1 0 0 1	
2. FULL NAME Cora des Dogley	0. W
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James I Bogley.	(Month) (Day) (Year)  22.   I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) hovesby 3. 1864	I last saw hand alive on Anne 15
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date styled above, at a
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation.	Mitastalic Caremona & Mis Regionary careinforma of breast. Cw. 200.
12. BIRTHPLACE (city or town) Jon donsville (State or country)	Other Contributory Causes, of importance Soning 16 dys
13. NAME Sicero Beckham.	
13. NAME Sielso Beckham.  14. BIRTHPLACE (city or town) Va.  (State or country)	Name of operation Date of Was there an autopsy?
15. MAIDEN NAME Sophia Harris.	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Ua (State or country)	Accident, suicide, or homicide?Oate of Injury, 19
17. INFORMANT Beyfak B. Coleman. (Address) atlante 4.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Do CR TECK Date One 22,1936	Manner of injury
19. UNDERTAKER AM Peuley Cumpling	24. Was disease or injury in any way related to occupation of deceased?

Registrar.

(Signed)

(Address) \_\_\_

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Company learn company	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1	L PLACE OF		OF MAN	YLAND-	CERTIFICATE OF DEATH	
1		monta	4			
N	Village or Cit	in take A	a Park	0 (1	death occurred in a hospital of institution, give its NAME instead of street and number)	ard
1	Length of reside	ence in city or town whe	enur-	male M	ds. How long in U.S. If of foreign birth?yrsmos	_ds.
	(a) Residence	e: No.	(Usual place	of abode)	St., Ward.  If nonresident give city or town and State	
	PERSONA	AL AND STATIS	STICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3,	SEX M.	4. COLOR OR RACE		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)	2
5a.	If married, widowed HUSBAND of (or) WIFE of	d, or divorced	_ 0		22. I HEREBY CERTIFY, That I attended deceased to	ron
_		month, day, and year)	June .	30-6	I last saw hum_alive on June au_, 19.36; death is	
7.	AGE Years	Months )	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at	nant
LION	kind of wo SAWYER, E	sion, or particular ork done, as SPINNER, BOOKKEEPER, etc			Tramahurity (, _)	
OCCUPATION		done, as SILK MILL, ., BANK, etc			I fle f months	
8	10. Date deceased this occupa year)	ation (month and	spe	time (years) ent in this upation		
12.	. BIRTHPLACE (city (State or countr		omal 1	T, Md	Other Contributory Causes of importance:	
TER	13. NAME m	er. Carter	Bradsh	ew.		
FATHER	14. BIRTHPLACE (		chmond	, Virginia	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?	
ER	15. MAIDEN NAMI	E nannie	Haynes.		23. If death was due to external causes (VIOLENCE) fill in also the following:	
MOTHER	16. BIRTHPLACE (	(city or town) Gyu	tna, vi	iginia	Accident, suicide, or homicide? Date of injury, 19	
17.	INFORMANT(Address)	) tospital	Records		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18.	Place Vas	on or removal A	osh Date Jul	y 1 , 19.36	Manner of injury	
19.	UNDERTAKER W.	ash San +	Japan Mil	V	24. Was disease or injury in any way related to occupation of deceased?	J
20.	FILEDPILLY	1. 19.36	26. 6. d	ogers.	(Signed) Dell'Internal	1. D

MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

and the same of th	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street car  July 5,1927  Peritonitis  Other contributory causes of importance:

AGE should be stated EXACTLY.

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

PHYSICIANS should state

of OCCUPA.

Exact statement

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	46-10
County monly omery	Registration Dist. No. 216
Village or City_Belletta	No. Coutseld, St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U. S. if of foreign birth?mosds.
2. FULL NAME Isaail Bro	wy
(a) Residence: No. Bether (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  Month (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Catherine Jacken Brown	22.   HEREBY CERTIFY, That I attended deceased from   11, 1934, to Same 21, 1936
6. DATE OF BIRTH (month, day, and year) Nov. 17, 1876	I last saw h. War alive on June 2-0, 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at. 9:254 m.
59 7 4 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of onset
SAWYER, BOOKKEEPER, etc. Lawoul	Reelas Caremona E
SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and this counstion (month and this	Hekoti's metastes 5.4.36
10. Data deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation 4.9.3.6	- The state of the
12. BIRTHPLACE (city or town) Boyd Station (State or country) monte. Co. Mal	Other Contributory Causes of Importance:
13. NAME John Brown	
13. NAME TOWN TOWN  14. BIRTHPLACE (city or town) (State or country)	Name of operation Whiteheads Date of 5:14:36
(State of country)	What test confirmed diegnosis? Caucal Was there an autopsy?
15. MAIDEN NAME Maria Howard  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Cathering Brown (Address) Botheria	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL  Place Soffis Station Date 100 24, 1936	Manner of Injury
19. UNDERTAKER LABORITA SMOUSELEN (Address) Rockevelle Mayor (Address)	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 6/22, 19 36 B. C. Perry M. P.	(Signed) lebel Sewell M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis JUL 6 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	- A 14 19-
Gallstones	May 1,1923	Gastroenteritis	1 year
		,	

ADDITIONAL STACE FOR FURTHER STATEMENTS BY INTSICIAN			

stated EXACTLY. PHYSICIANS should state

Exact statement

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CAUSE OF DEATH in plain terms, so that it may

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mation should be carefully supplied.

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STATE	OF	MARYLAND—CERTIFICATE	OF	DEATH	
DEATH					

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6325
1. PLACE OF DEATH	93-0
County / ont gonieny	Registration Dist. No. 2/3
Village or City Polotinas	ND. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
t. 00. 00.	ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME I workling It Vol	uns
(a) Residence: No. Johnnac (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH)
Male While OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced 'HUSBANO of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Harrist line velius	1936 to Sure 23 1936
6. DATE OF BIRTH (month, day, and year) Supply 8-1849	Mast saw h and alive on fund 2319 36; death is sald
7. AGE Years Months Oays If LESS than	to have occurred on the date stated shove, at 5 40 Am.
86 9 14 1day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER,	Date of onset
SAWYER, BDDKKEEPER, etc. Settle Values  9. Industry or business in which	Usebral humanhage Jun 23
Kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this coveraging (most) and	1.9.36
10. Date decaased last worked at this occupation (month and spant in this	
this occupation (month and spant in this year)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Ungnuce	Send asheroellosis ) 1020
(State or country)	Chemic my ocarlity.
14. BIRTHPLACE (city or town) Daugland	()
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis? Mugal Hand. Was there an au'opsy?
H 7/1/2	23. If death was dua to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
Fraise Brook by donality	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE
(Address) mo Clas, & nouffer - Polyman, Mc	opening whether injury occurred in INDUSTATI, IN HOME, OF IN PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of injury
Place V Mariae Date Sun 1990	Nature of injury
19. UNDERTAKER Am. Jouban Dimeshirey	24. Was diseasa or injury in any way related to occupation of deceasad?
(Address) Pochbell may	If so, specify
20. FILED 124 1936 mis. W. J. 1 Pract	(Signed) M. D.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	hate of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 7 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

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# STATE OF MARYLAND—CERTIFICATE OF DEATH

4 .	. )	63	0
0	J	2	1)

1. PLACE OF DEATH		211
TMIN COUNTY WATERINGS OF OWLERS	Registration Dist. No. 223	
Village or City Jahoma Lark	No. 223 (adat) a classification of the standard of the standar	Ward
	ds. How long in U.S. if of foreign birth?yrsmos	
2. FULL NAME allies Dean		
(a) Residence: No. 223 Loldar ave, Jak (Usual place of abode)	lorse, Pare Watered.  If nonresident give city or town and State	ė
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. S\$NGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Willowell	21. DATE OF DEATH (Month) (Day)	3.6 (Year)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of  A Secret Secret	22. I HEREBY CERTIFY, That I attended dece	
6. DATE OF BIRTH (month, day, and year) aug 7 1872	1925, to 3/23   1936 de	19.3.6.
6. DATE OF BIRTH (month, day, and year)  7. AGE Year Months Days If LESS than	to have occurred on the date stated above, at?m.	acii 15 Salu
63 10 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	ite of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	acrite cardiac de- 6	/30/21
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Indústry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month end	Completation	
10. Date deceased last worked at this occupetion (month end year)	.01	
12. BIRTHPLACE (city or town) bunerland Incl	Other Contributory Causes of importance:  Caraio - Vasculas -	
(State or country)  13. NAME Edward Evans	renal disearl	735
E Pa	No. of control	
4. BIRTHPLACE (city or town) (Stete or country)	Name of operation Date of	
15. MAIDEN NAME Elis Setto Willes as	What test confirmed diegnosis? Was there an autop  23. If death was due to external causes (VIOL ENCE) fill In also the following:	)\$y {
16. BIRTHPLACE (city or town) Warkes. Eng.	Accident, sulcide, or homicide? Date of injury	, 19
17. INFORMANT Ralph E. Dlam, Sur (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, GREMATION, OR REMOVAL Place Fort Sincologie 8/7, 1936	Manner of injury	
19. UNDERTAKER Martin W. Hysung bo	24. Was disease or injury in any way related to occupation of deceased?	0
20. FILED USS 30, 1936 HO. E. Rogers Registrar.	(Signed) DB-Warlunglan (Address) 6234 Ea Gre-Wa	A. D.C

(over)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
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	Example I		Example II	
The principal cause of importance were Arteriosclerosis	e of death and related causes ras follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JUL 6 1936	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
Cerebral hemorrhage Other contributory	JUL 6 1936 BUREAU V. S.	July 5,1927	Peritonitis  Other contributory causes of importance:	30

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Patient was found dead in bed by family there for partial cardiac decompensation.

mation should be carefully supplied. AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may

N. B.—WRITE PLAINLY,

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PHYSICIANS should state

of OCCUPA.

Exact statement

properly classified.

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	1. PLACE OF DEATH	(131)
1	County MONT	Registration Dist. No. 218
1	Village or City M Say Sousville Ma	NoSt., Ward
V	(II	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
	2. FULL NAME COSE TY NOTE	If U. S. Veteran, specify WAR
	(a) Residence: No. Guither Sulf (Coulphote of abode)	St., Ward.  If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  The second of the	21. DATE OF DEATH  (Month)  (Veer)
	5a. If married, widowed, or divorced  HUSBAND of  (or) WIFE of  (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from January 1932, to January 30, 1936
te.	6. DATE OF BIRTH (month, day, and year) May 1 - 183 9	I hast saw held on dead 6-301936; death is said
certificate	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
erti	ormin.	were as follows:
o jo	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	Eligania nophantes and
	9. Industry or business in which	The way the same of the same o
back	SAW MILL, BANK, etc.	
on		
instructions	year) occupation occupation	Other Contributory Causes of importance:
ıcti	12. BIRTHPLACE (city or town) (State or country)	Charles human and the
strı	13. NAME elys a. C. Steggines	Owner ingocaracies 1-32
	I IS. HAME ENGLY C. STAGGING	Name of operation AAAA Date of
See	14. BIRTHPLACE (city or town) Many (State or country)	Name of operation
+	15. MAIDEN NAME & Flory de Penther	23. If death was due to external causes (VIOL ENCE) fill in also the following:
important.	16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
por	(State or country)	Where did injury occur?
very im	To informant for Co Dorsey work co mid	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
3 Ve	18. BURIAL CREMATION, OR REMOVAL	Manner of injury
N is	Place O Cholle Muru Date July of , 1986	Nature of injury
NOL	19. UNDERTAKER AM Acutey Tumphery	24. Was disease or injury in any way related to occupation of deceased?
-	(Address) Polhoelle mol	If so, specify
)	20, FILED Inly 1, 1036 1 76 19 19 19	(Signed) Was Office M. D.
	Registrar.	(Address) Hally for my said said
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example I		Example II	
The principal caus of importance were	e of death and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial h	ephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JUL 8 1938	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			11
Other contributory	causes of importance:		Other contributory causes of importance:	1 113
Gallstones		May 1,1923	Gastroenteritis	1 year -

ADDITIONAL SI	PACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	<b>PHYSICIAN</b>
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# STATE OF MARYLAND-CERTIFICATE OF DEATH

6338

1. PLACE OF DEATH	
county Montgomerce	Registration Dist. No. 2/6
Village or City 4800 Roland & Cla	www.Clase, Md. St. Ward
(If	deat Occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town whera death occurredyrs,mos.	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME William F Ford	If U. S. Veteran, specify WAR
(a) Residence: No. Chary Class, Md.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male white married	(Month) (Dey) (Year)
5a. If marriad, widowed, or divorced HUSBAND of	22.   HEREBY CERTIFY, Thet I attended deceased from
Tanny J. Ford	, 19 , to , 19 , 19 , 19 , 19 , 19 , 19 , 19 , 1
6. DATE OF BIRTH (month, dey, end year) Mov. 9, 1872	l lest saw h elive on, 19; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date statad abova, at 12 - 4 - m.
63 - 6 - 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were es follows:
2 Trade profession or particular	Homicidal. Cws. Date of onset
o kind of work dona, es SPINNER, Carpentar	Fracture of Skull
kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decaasad last workad at this occupation (month and this scenation from	
work was done, as SILK MILL, SAW MILL, BANK, etc	with Tremonlage: This men was
- Fil time decapation (month and	murdered, by having his foles crushed by the
yeer) occupation	Other Contributory Causes of importence: first and heel of a powerful
12. BIRTHPLACE (city or town)	man. The murderen confessed to this.
(Stata or country) Oscorre	Durck
14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Neme of operation
(Steta of country)	Whet test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Manager to Heaturale	23. If death was due to axternal causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
State or country) Discounted	Where did injury occur? Specify city or town, county and State)
17. INFORMANT Willert St. Ford	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) 15 Brooks We, Farrison Durg	Ca
Place Mary partition, or lemora of Dale fresher, 9, 19.3 6	Menner of injury ————————————————————————————————————
19. UNDERTAKER THE COLUMN TO THE PROPERTY OF T	24. Wes diseesa or injury In any way related to occupation of deceased?
(Address) Recknells Gmd.	If so, specify
20. FILED 67 - 7- 1936 Dr. Perry -	(Signed) 6. U. U. Ollun M. D.
20. FILED 19. 1. 196 Dr. 12mg - Registrar.	(Address) - Ballier da Md

mation should be carefully supplied.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	. 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis W D	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
Gallstones	May 1,1923	Gastroenteritis	1 year

# N. B.—WRITE PLAIMY, WITH UNFADING INK—THIS IS A PERMANENT REC MARGIN RESERVED FOR BINDING

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

item of infor-

RD. Every

Exact statement of OCCUPA-

V. S. No. 1

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	CERTIFICATE OF DEATH
County Montgomery	Registration Dist. No. 2/3
Village or City Jravilla (IF	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Clay & Haywood Fran	
(a) Residence: No. J. Staties MJ (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male Marrie	21. DATE OF DEATH 6 / 3 , 193 6 (Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Chura May Fragiers	22. HEREBY CERTIFY. That Lattended deceased from
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Years  Months  Years  Months  Years  Months  Years  Years	I last saw halive on
Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Thursh by fighting 6-13-36
10. Date deceased last worked at this occupation (month and year)	Other Contributary Causes of importance:
(State or country) Virginia	
13. NAME Muyder Fraguer	
13. NAME President Granica 14. BIRTHPLACE (city or town)	Name of operation Dete of
(State of Country) My Mary Mary	What test confirmed diagnosis? Was there en eulopsy?
15. MAIOEN NAME Caroling Dodoon  16. BIRTHPLACE (city or town)  (State or country)  (State or country)	23. If deeth wes due to externel ceuses (VIOL ENCE) fill in elso the following:  Accident, suicida, or homicide? Classification Date of injury 6-13, 19-36.  Where did injury occur? Charles
17. INFORMANT Wash Frankles (Dather) (Address) Frankles mo	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Specifically 7 Dete 4/15, 1946	Menner of injury deathring  Nature of injury death
19. UNDERTAKER Warnes E. Sambhrey (Address) Rose ville, And	24. Was disease or injury in any way releted to occupetion of deceased?
20. FILED 62-15-, 1936 True W J. Pracle Registrar.	(Signed) 10-0-11111111 M.D.  (Address) Actually Med

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis 9 1026	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAL	ADDITIONAL	SPACE	FOR	<b>FURTHER</b>	<b>STATEMENTS</b>	$\mathbf{BY}$	PHYSICIAN
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V. S. No. 1

PHYSICIANS should state N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. TION is very important. See instructions on back of certificate.

STATE	OF	MARYLAND—CERTIFICATE OF	DEATH
DEATH		(DE)	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6330
1. PLACE OF DEATH	940
County Montgamery	Registration Dist. No. 223
Village or City Takama Park, Md	No. Was boungton Sanitarium Hos Astal Ward death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Mr. Lewis Goldstone	If U.S. Veteran specify WAR
(a) Residence: No. 17/2 No. Bentalous	St. Ward. Baltimore and
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
OR DIVORCED (write the word)	June 23 193 6
male white-Jewish Single	(Month) (Dey) (Year)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet i ettended deceased from
	June 8 1936, to June 23, 1936
6. DATE OF BIRTH (month, dey, and yeer) November 9, 1876	liest saw h.1114 elive on J. 4.11. 2. 3. 3. 1936; deeth is said
7. AGE Years Months Days if LESS than 1 dayhrs.	to have occurred on the dete steted above, at 2.22 P.m.  The PRINCIPAL CAUSE OF DEATH and related ceuses of importence
59 7 15 ormin.	were as follows:
8. Trade, profession, or particuler kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc	Class Vestous 2
kind of work done, es SPINNER, BULGEY  SAWYER, BOOKKEEPER, etc.  Jindustry or business in which  work was done as SILK MILL.	
SAW MILL, BANK, etc. Ladies Meady To Wear	
10. Date deceesed last worked at this occupation (month and year) spent in this occupation (month and year)	
year) June 1936 occupation 23	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Lhsladelphia.  (State or country) Person S. Linguis.	
12 NAME TO 1 0 1 1 +	he to the last
E Juliana	Name of operation.
(State or country)	Whet test confirmed diagnosis?  Was there an autopsy?
15. MAIDEN NAME Catherine De Haun	23. if death wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) Holland	Where did injury occur?
17. INFORMANT Washington Sonitarium Records (Address) Takoma Park md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Sallimory, Mid	Manner of injury
Place The Aut. Date / 2 / 136	Neture of injury
19. UNDERTAKER D. Mangansky (Address) 350 1-14 th & . Washingto h lo	24. Wes disease or injury in any wey releted to occupation of deceased?
20. FILED June 24, 1936 HE Rogers	(Signed) Shaf H. Working M. D.
Registrar.  If more blanks are needed, address State Registrar,	
,,,,,	The same of the sa

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Example I		1	Example II	
The principal cause of death and related eauses of importance were as follows: CEIVED	Dai	e of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis JUL 6 1936		1921	Run over by street car	1 week ago
Cerebral hemorrhage	Ju	y5,1927	Peritonitis	3 days ago
RUREAU V. S.				
Other contributory causes of importance:			Other contributory causes of importance:	
Gallstones	Me	ay 1,1923	Gastroenteritis	1 year
Complete Company of the Company of t				

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

N. B.-WRITE PLAINLY,

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

D. Every item of infor-

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		(B2-a)	
County Montgonier	f,	Registration Dist. No. 217	
Village or City Boas Ceas	lle		Ward
Length of residenca in city or town where death occu	LIAO.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos	ds
2. FULL NAME Skiraull	orrell Sta	Koly If U. S. Veteran, specify WAR	
(a) Residence: No. And Scene	ual place of abode) R. 2	St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL F	PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	LE, MARRIED, WIDOWED, IVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Yas	)
a. If married, widowed, or divorced HUSBAND of (or) WIFE at	rwey	22. I HEREBY CERTIFY. That I attended deceased may 27	from
S. DATE OF BIRTH (month, day, end year)	15-1870	I last saw h Land elive on Just 19.3 death i	is sai
AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.  Tha PRINCIPAL CAUSE OF DEATH end related causas of importance	
65 3 12.	Ormin.	were es follows:	опѕе
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	armer nfarm	Cerebral Hemorrhage 5/2;	76
12. BIRTHPLACE (city or town) Sunshine (State or country)	1. Total time (years) Apent in this occupation  Mand Co	Othar Contributory Causes of Importance:	
1 0 0 1	ary vanel	100100_	
13. NAME JAS . 6 : NAME  14. BIRTHPLACE (city or town) MONY (State or country)	ma -	Name of operation 200 Date of	29-1
15. MAIDEN NAME Minnie L	torrell-	23. If death was due to axternal causas (VIOLENCE) fill in elso the following:	
15. MAIDEN NAME Junnie La  16. BIRTHPLACE (city or town) Jowa (State or country) Mal	rd Co	Accident, suicide, or homicide?	
17. INFORMANT III clared Del	ceruly.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION OR REMOVAL	June 13, 1934	Manner of injury	
19. UNDERTAKER Control of CAddress) Cauthers for	rby	24. Wes disease or injury in any wey related to occupation of deceased?	9
20. FILED 11. 19 5 4 4 5 73	assylvy Registrar.	(Signed) Chas Commbleson	_M.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Combral homorphase	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURBAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6332
1. PLACE OF DEATH	129)
County Montgomery	Registration Dist. No. 2/6
Village or City Cherry Chase M.	
	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME III any any Is	ayes
(a) Residence: No. 6709 4612 At	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR BYVORCED (purite the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of	
(nr) WIFE of Joff I Hayes	22.   HEREBY CERTIFY That I attended deceased from
21 1051	19 36 to June 1, 19 36
6. DATE OF BIRTH (month, day, end year) Jet 14 - 18 5	to have occurred on the date wated shown at 10 30
3 /9 lday,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particuler	were as follows: Date of onset
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	to t' let
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked at this occupation (month and	in a land of the state of the 10311
9. Industry or business in which work was done, as SILK MILL, Have SAW MILL, BANK, etc.	ind Parally not again a Poll and the
10. Date deceased lest worked at this occupation (month and year) spent in this occupation	Himorrhage termination
12 DIRTURI ACT (SHARALINE) & alterna &	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) / Cutuox	Low great seemany
13. NAME Joseph Semison	mesenteria exst. non-concerous.
13. NAME Joseph Sumon  14. BIRTHPLACE (city or town) Sallums	Name of operation. Date of
(State or country)	What test confirmed diagnosis? None Was there an autopsy? To
15. MAIDEN NAME magazif am Kehner	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Margarepalm Kehner 16. BIRTHPLACE (city or town). Bacture	Accident, suicide, or homicide?
(State or country), md	Where did Injury occur?
17. INFORMANT Many and Kemedey	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 6709 461. 16	The state of the s
18. BURIAL, CREMOTION, OR REMOVAL	Manner of injury
Place fendon l'artieny Date fine 6, 1936	Nature of injury
19. UNDERTAKER TOTAL C & B. M. Walter Buch (Address) N. E con PRATTE STRICKER \$75	24. Was disease or injury in eny way related to occupation of deceased?
6/2 3/ 1200. 20	If so, specify (Signed) James J. ODonnelle M.D.
20. FILED 6 / - 1906 V91 C Serry N.D. Registrar.	(Signed) 4422 Walling Ave M. D.
	2412 N. Charles Street, Baltimore, Requesting U. S. No. 1. Bet Reals Me

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	in the second	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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PHYSICIANS should state

Exact statement of OCCUPA.

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mation should be carefully supplied. AGE should be stated EXACTLY.

B.—WRITE PLA

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V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6333
1. PLACE OF DEATH	
County Montgomera	Registration Dist. No. 223
Village or City To Read Page	1. 2017/1.00
(II	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. W of foreign birth?yrsmosds.
2. FULL NAME Salle Green Face	celt Hodges
(a) Residence: No. 201 (during en Jame)	St., Ward. O
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Female White Wille Wille the word)	June 193 6
5a. If married, widowed, or divorced HUSBANO of	(Month) (Day) (Year)
(or) WIFE of golen Wilson Hodges	22.   HEREBY CERTIFY, That t ettended deceased from
6. DATE OF BIRTH (month, day, and year)	1 iast saw h. 21 alive on grane 2 1 , 19 3 6; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4:200 m.
80 4 — 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular	(1) antique character 5
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Mensys
9 Industry or business in which work was done, as SILK MILL,	(2) Cerebral hemorrhage Feb 1230
SAW MILL, BANK, etc	17710
this occupation (month and spent in this year) - 4 - 4 - 4 - 4 - 4 occupation - 12	( Deretra hemortage props 19
12. BIRTHPLACE (city or lown) Lateralle	Other Contributory Causes of importance:
(State or country) manfond	
13. NAME Bernami Hawcett	
14. BIRTHPLACE (city or town) montgameny Count	Name of operation
(State or country) many factor	Whet test confirmed diagnosis?
15. MAIDEN NAME Marian Speen	23. If death was due to externat causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT MASIN Can Williams 2017	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of inlum
Place Trace Gringel Clusch Date June 29, 1936	Neture of Injury
19. UNDERTAKER It arna G. Pumpleres -	24. Was disease or Injury In any way related to occupation of decessed?
(Address) Silver Spring, Ald.	If so, specify
20 51150	(Signed) M.O.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting &U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example*II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis C	\1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year	

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Exact statement

properly classified.

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TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

V. S. No. 1

1. PLACE OF DEATH	210-00
County montgomera	Registration Dist. No. 22.3
	No. Wash in ton Sanitania the Ward death occurred in a hospital or identition, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?  yrs. mos. ds.
	n If U. S. Veteran, specify WAR 15X
(a) Residence: No. Rockvile, md.	St., Ward. Rachelle
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city of town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white Single	June (3 1936 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceasad from
	June 13, 1836, to June 13, 1936; death is salt
6. DATE OF BIRTH (month, day, and year) Thou (C. 71) 7. AGE Years Months Oays If LESS than	to have occurred on the date stated brove, et
19 gears be 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
Trida, profession, or particular garage Workey kind of work done, as SPINNER,	Bull Fracture first
9. Hadustry or business in which work was done, es SILK MILL, Quto mechan, e.	L'acestations of scalp fine!
10. Data decaased last workad at this occupation (month and year)	
12. BIRTHPLACE (city or town) Mentgomen 3. md.	Other Contributory Causes of importance:
13. NAME Marway. 190gan	Jeann flic Hocky
14. BIRTHPLACE (city or town) monte own chime.	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Miss Marcella Lucus	23. If deeth was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) hattqomery comery.  (Stata or country)	Accident, suicida, or homicide?
17. INFORMANT Mr. W ). Hogen (Address) Rockville, md.	Specify whether injury occurred in INOUSTRY, in HOME, or i PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury duto accident
Place Rochvella Union Date Jenes 16, 1936	Nature of injury
19. UNDERTAKER WM Reuben Permphrey	24. Was disease or injury in any way related to occupation of decaased?
(Address) Rockfille mo	If so, specity
20. FILEO 6/13 , 19 36 The Rogers	(Signed) (Address) HT Sorre Hark M. D.
Registrar.	indicate the street of the

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related ca of importance were as follows:	uses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis RFCFIVFF	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JUL 6 1936	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance;		Other contributory causes of importance:	= 1111
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. TION is very important. See instructions on back of certificate.

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 6335
1. PLACE OF DEATH	93:0
County Montgomery	Registration Dist. No. 2/-3
Village or City Alles Kockwells	NoSt.,Ward
Length of residence in city or town where death occurredyrs,mos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Milles Snael	
(a) Residence: No. Rothiells 2014	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  5a. If married, widowed, or divorced HUSBAND of	21. DATE OF DEATH  (Month)  (Day)  (Year)
(or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) much 8, 1860	I lest saw h alive on Second 13, 1936; death is said
7. AGE Years 3 Months 5 Days If LESS than Lday, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Trade profession or particular	Serve must adite
Kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  1. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	
O 10. Date deceased last worked at this occupation (month and 934 spant in this occupation (month and 934 spant in this occupation)	Other Coatributery Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
II 13. NAME UNFUOUR	Mand
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Date of
(State of Country)	What test confirmed diegnosis? These life with Westhere an au'opsy? The
15. MAIDEN NAME  16. BIRTHPLACE (city or town) Mary Wather Co glorger  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. thFORMANT Frank Israel (Address)	Where did injury occur?
18. BURIAL, CREMATION, OR REMOVAD R Place Livery Tark Date Sunt 16, 1936	Manner of Injury
19. UNDERTAKER Word Andrews Rockrell ma	24. Was disease or injury in any way related to occupation of deceased? 720
20. FILED le - 1 les , 19 3 le mis W.J. Diagle Registrar.	(Signed) A Mulseum M. D.  (Address) Laborate Majorate Maj
If more blanks are needed, address State Registrar, 2	411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example 1	Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis RECEIVED	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JUL 7 1930	July 5,1927	Peritonitis .	3 days ago
BUREAU V. S.	9		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenieritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate.

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PHYSICIANS should state

Exact statement of OCCUPA.

N. B.-WRITE PLA

# STATE OF MARYLAND—CERTIFICATE OF DEATH

OF DEATH	6336
Pogistration Dist. No.	1/8

	1. PLACE OF DEATH County Montg Go					Registration Dist. No.	218
1	Village or City	nce In city or to	wn where deel	th occurred5	/	No. Home of aged St death occurred in a horpital or institution, give its NAME instead of street ds. How long in U.S. if of foreign birth?yrs.	Ward and number)
antique .	2. FULL NAM (a) Residence	: No.	althei	Jones sburg (Usual place o		St., Ward.  If nonresident give city or town	n and State
	PERSONA	L AND ST	ATISTIC.	AL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEAT	Ή
è	Female	Whit		SINGLE, MARK OR DIVORCED Widow	IED, WIDOWED, (write the word)	21. DATE OF DEATH  (Month) (Dey)	, 193 6 (Yeer)
5a	. If married, widowed, HUSBAND of (or) WIFE of	or divorced Jo	seph	Fones		22. I HEREBY CERTIFY, Thet I atte May 22 , 1936, to Same (	
6.	DATE OF BIRTH (mo	w has veh dia	er) Al	or Ist	1847	I last sew Near elive on June 6 19	
7.	AGE Years	1	Nonths 2	Deys 5	If LESS than 1 dey,hrs. ormin.	to have occurred on the dete stated above, at 2.3 5.4 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	
OCCUPATION	8. Trede, profession kind of work SAWYER, BO 9. Industry or bus work was do	k done, es SPII DOKKEEPER, etc	NNER,	House	Wife	Fracture of left fermer	May 22
0000	SAW MILL, 10. Date deceased I this occupati year)	lest worked at ion (month and	11		ne (years)    tin this petion		
12	. BIRTHPLACE (city o	r town)V_1_	rgini	<u>a</u>		Other Contributory Causes of importance:	
띰	13. NAME R	obertE	ustar	d			
FATHER	14. BIRTHPLACE (ci		Scot	tland		Neme of operation Dete	7.
ER	15. MAIDEN NAME	Ann K	elley			What test confirmed diagnosis? Was there	
15. MAIDEN NAME Ann Kelley  16. BIRTHPLACE (city or town)  (State or country)						23. If deeth was due to externel ceuses (VIOL ENCE) fill in elso the foll Accident, suicide, or homicide?	
17.	. INFORMANT(Address)	ome Of	' Aged Gaith	, H M Versburg	Vilson,	(Specify city or town, county an Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLI	d State) C PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Remington Va Dete June 8th, 3					e 8th, 36	Manner of injury Fell an consent was Neture of injury Fractured left hy	k in yourd
19. UNDERTAKER Ernest-G-Gartner					Wa .	24. Wes disease or injury In any wey related to occupation of deceased  If so, specify	17 700
20.	FILED June	7,1936	Olse	ida y	Registrar.	(Signed) Lather J-, Kuhn (Address) Roslavilla M	M. D.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis JUL 0 1950	1921	Run over by street car	1 week ago	
Cerebral hemorrhage SUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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WITH UNFADING INK-THIS IS A PERMANENT REC

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Exact statement of OCCUPA.

N. B.—WRITE PLA

	STATE O	F MARYLAND-	CERTIFICATE OF DEATH	6590
County	unter.	warp	Registration Dist. No. 2	0
Village or City	Ora	abin John	No. St	Ward
length of residence is	n city or town where de		death occurred in a hospital or institution, give its NAME instead of street and n	umber)
	city of town where de	yrsnios	ds. How long in U.S. if of foreign birth?yrsmc	osds.
2. FULL NAME	Que de la constante de la cons	ma jozea		
(a) Residence: No		(Usual place of abode)	St., Ward.  If nonresident give city or town and	State
PERSONAL A	ND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. CO	LOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR-DIVORGED (write the word)	21. DATE OF DEATH	/
11 6	raced	Widowed	(Month) (Day)	(Year)
5a. If married, widowed, or d HUSBAND of	livorced		22. I HEREBY CERTIFY, That I attended of	4
(or) WIFE of	erkus	zool	Law, 10 1936 to Seene 2	8 1936
6. DATE OF BIRTH (month,	day, and year)	1861	Mast saw h alive on 26, 1936	death is said
7. AGE Years	Months	Days If LESS than	to have occurred on the date stated above, at	
75	0	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or kind of work dor	particular na. as SPINNER.	20:1		Date of onset
kind of work dor SAWYER, BDDKK		ma-wye	Comocardelio; aente. Co	\$6R
work was done, a	as SILK MILL, K, etc		Quiration: three months.	
1D. Date deceased last this occupation (ryear)	worked at	11. Total time (years) spent in this occupation	Porent due in ved)	
12. BIRTHPLACE (city or tow (Stata or country)	n) Sym	chhung Va	Other Contributory Causes of importance:	
13. NAME	eike.	ecret	Meglecitio : Chronic. Duration	3
			three years.	
14. BIRTHPLACE (city or (State or country		raciosa	Name of operation Date of	
15. MAIDEN NAME	nick	horon	What test confirmed diagnosis? Was there an at	
16. BIRTHPLACE (city or	town	4	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Date of injury	
(State or country		quea	Where did Injury occur?	, 19
7. INFDRMANT	lia H	Tres	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLA	CE.
8. BURIAL, CREMATION, DR	REMOVAL		Manner of injury	
Place Central	or plan to	Date 1284 1, 1936	Nature of injury	
9. UNDERTAKER (Address)	Grass	Sarvis 6	24. Was diseasa or Injury in any way related to occupation of deceased?	
20, FILED 7-1	136 B	C. Very M.D. Registrat.	(Signed) A. A. Deure	M. D.
		/	Comment of the state of the sta	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, ctc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Run over by street car . C Chronic interstitial nephritis 1921 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL CDACE BOD DUDTIED CTATEMENTS DV DUVCICIAN

ADDITIONAL S	SPACE FUR P	URINER	STATEMENTS	DI PRISICIA	Lin

### STATE OF MARYLAND-CERTIFICATE OF DEATH

PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. stated EXACTLY. properly classified. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. TON is very important.

MARGIN RESERVED FOR BINDING

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-0
County Monegonen	Registration Dist, No. 2//
Village or City Cook Show	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmosds.
\	X
	If U. S. Veteran, specify WAR
(a) Residence: No.   Currey Vaca A (Usual place of a ode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE CR. DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of	
(1) HITE of addie may Show I amay	1935, to 25, 1936
6. DATE OF BIRTH (month, day, and year) Opin 9, 1860	Was saw have alive on 2 \$ 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date state a ove, at
76 2 18 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Trade profession or particular	Language Orden organia 1929
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	ander brokent to that There
Undustry or business in which work was done, as S1LK MILL, SAW MILL, BANK, etc	(mucandai) / 1932
	acie ( ) Section of Hear Jun 27,19
11. Total time (years) this occupation (month and 193 ( year) occupation	ν
12. BIRTHPLACE (cityor town) King Vana	Other Coutributory Causes of importance:
(Stata or country)	
I 13. NAME CO OR COL	
13. NAME  14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) Manage, E.	What test confirmed diagnosis?
15. MAIDEN NAME 1 dans Brown (Ging)  16. BIRTHPLACE (city or town) Massac Co. May )	23. If death was due to external causes (VIOLENCE) fill in also the following:
o 16. BIRTHPLACE (city or town). Manage Co. The	Accident, suicide, or homicide?Date of injury19
₹ (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place 2 of ties County vare for & 9 , 1926	Nature of injury
19. UNDERTAKER Ray WRay Land	24-Wee disease or injury in any way related to occupation of deceased?
20, FILED GUND 28,193 ( Wella OV. Burdu	(Signed) M. M. Candras Dayer M. D.
Jeff Registrar.	(Address)
13 more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deccased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis   RECEIVET	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JUL 7 1936	July 5,1927	Perilonilis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

AGE should be stated EXACTLY. PHYSICIANS should state

be properly classified. Exact statement of OCCUPA-

ITON is very important. See instructions on back of certificate.

LAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

N. B.-

STATE OF MARYLAND—CERTIFICATE OF DEATH 63	138
1. PLACE OF DEATH	,
County Rockspring - Glen Echs, md- Registration Dist. No. 216	2
Village or City No. St.,	Ward
(If death occurred in a horpital or institution, give its NAME instead of street and num	
Length of residence in city or toon where death occurredyrsmosds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME - Motant Truslaw If U. S. Veteran, specify WAR no	
(a) Residence: No. St., Ward.	X
(Usual place of abode) If nonresident give city or town and State	te
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
3. SEX / 4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH	1
DIVORCED (write the word) full 19	V
Sa If married widowed or divorced (Month) (Day)	(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	eased from
(1) me 19 1936, to flene 19	198
6. DATE OF BIRTH (month, day, and year) June 18, 1936 Wast saw her alive on June 19, 19 36; de	eath is said
7. AGE Years   Months // Days   If LESS than   to have occurred on the date stated above, at	
3 1 dey,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
	ate of onset
8. Trede, profession, or particular kind of work done, as SPINNER,	
SAWYER, BOOKKEEPER, etc.	
SAW MILL, BANK, etc.	you.
O 10: Date deceased last worked at this occupation (month and spent in this spent in t	
Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) CCNO	
(State or country) That	
13. NAME My mord malast	
13. NAME // Name of operation Oate of	
(State or country) What test confirmed diagnosis? Wes there an auto	psy?200
15. MAIDEN NAME 23. If deeth was due to external causes (VIOLENCE) fill in also the following:	
Anidant minister or hamilitate	19
16. BIRTHPLACE (city or town)   Accident, suicide, or nomicide?   Date of injury   Court   Date of injury   Date of injury   Court   Date of injury   Date of	
(Specify city or town, county and State)	
17. INFORMANT I MOUSTRY, in HOME, or In PUBLIC PLACE	
18, BURIAL, CREMATION OR REMOVAL  Manner of injury	
Bole Rended on A care 19:36	
Piece Neture of injury Neture of injury	
19. UNDERTAKER / Cernes farmes 24. Was disease or injury In any way related to occupetion of deceased?	75
(Address) 14 32 yand 1 st. nw. If so, specify	0
20. FILED 6/29 1956 Be Perry M. V. (Signed) (Signed)	9. M. D.
Registrar. (Address) 273- Parvi	No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis 1936	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago	
The state of the s				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

mation should be carefully supplied. AGE should be stated EXACTLY.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state

N. B.

# STA

TE OF	MARYLAND—CERTIFICATE OF DEATH	6339

1. PLACE OF DEATH	
County Mintoney County	Registration Dist. No. 214
Village or City Cleston Redal.	No. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. If of foreign birth?yrsmos,ds.
7,	X
(a) Residence: No.	St. Ward. Chee Invest Rolley, hear
(Usual place of abode)	If nonresident give city of town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 9. DIVORCED (write) ha word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lunchola Kelly Lawrences	22. I HEREBY CERTIFY, That I attended dacassad from
6. DATE OF BIRTH (month, day, and year) 1000, 11, 1864	I last saw here alive on Just 21 , 19.86; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1911514-m.
71 6 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, Labour SAWYER, BDDKKEEPER, atc.	Thypeonoleal went freezely 6/1/26
kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, atc.  Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  1D. Data deceased last worked at this occupation (month and spant in this	arriveday jobilitalies
11. Total time (years) this occupation (month and year) year)  11. Total time (years) spant in this occupation	mysearches hypertogens
12. BIRTHPLACE (city or town) Mustgomby County (State or country)	Other Contributory Causes of importance:  Outer Contributory Causes of i
13. NAME George Lawrante	
13. NAME George Country Temporary Country Manufactures (State or country)	Name of operation. A Mal Data of
	What test confirmed diagnosis? What test confirmed diagnosis? Was there an autopsy? Was there are autopsy? Was there are autopsy? Was there are autopsy?
E Tour Ford C	Accident, suicide, or homicide?
State or country)	Where did injury occur?
17. INFORMANT Que and Kellyhouse and y (Address) Chestaut Rugge, mol.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Dead Hope Ma Date une 49, 1936	Nature of injury
19. UNDERTAKER Robert Los Woulden	24. Was disease or injury in any way related to occupation of deceased?
20, FILED Jun 25, 1936 F buden	(Signad) Wilking ooth M. D. (Address) Kennington, M.D.
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting J. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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Example I	il	Example II	
The principal cause of death and related causes of importance were as follows:	Pate of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.	\ \		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

V. S. No. 1

N. B.-WRITE PLA

STATE OF MARYLAND—CERTIFICATE OF DEAT	STATE	OF	MARYL	AND-	CERTIF	ICATE	OF	DEAT
---------------------------------------	-------	----	-------	------	--------	-------	----	------

1. PLACE OF DEATH	
County // Onlyoning	Registration Dist. No. 218
Village or City Sathus buy	No. Maryland . auf - St. Ward
Length of residence in city or town where death occurred 5 yrs. U pros.	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Fachel and LO	· · · · · · · · · · · · · · · · · · ·
(a) Residence: No. 431 - Mary Parcel ave	euro Pined in Carther des
(a) Residence: No. 7-5) // / (Usual place of abode)	St, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Junale Mille Michouras	(Month) (Day) (Year)
9h. If merried, widowed, or diverced HUSBAND of (or) WIFE of	22. I HEREBY/CERTIFY, That I attended degeased from
Oi) Wire of Vocano	June 1924, to June 2/2, 1936
6. DATE OF BIRTH (month, day, and year) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Hest saw her alive on une 8: , 1936; death is said
7. AGE Yeers Months Deys If LESS then 1 day,hrs.	to have occurred on the data stated above, at 11-45 ft.m.
00   0   ormin.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:
8. Trede, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc.	Carcinoma of colory 1934
9. Industry or business in which	
work was done, as SILK MILL, Clure hafur	
O 10. Data deceesed last worked at this occupation (month and year) year)	
Pull	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) Volte Ville (Stete or country)	pyrellis 1:184
13. NAME Valleains Martines	
14. BIRTHPLACE (city or town) Virginia	Neme of operation
(Stata or country)	What tast confirmed diagnosis? Exam & Colon Was there an autosy 200
16. BIRTHPLACE (city or town) Professible	23. If deeth wes due to external causes (VIOLENCE) fill in also the following:
[ 16. BIRTHPLACE (city or town) Problemelles	Accident, suicida, or homicida?
(State or country) Manyland	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT M. J. DENTIS Done	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Names bound med Dete Street 23, 1936	Nature of injury
19. UNDERTAKER Am. Deuben tungthury	24. Was disease or injury in eny way releted to occupetion of deceased?
(Addiess) Po excelle manylouse	If so, specify
20. FILED June 2310 36 alreida of Conke	(Signed) A M. D. M. D.
Registrar.	(Address A aus well Med.
If more blanks are needed, address State Registrar, 2	1411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	İ	Example II	
The principal cause of death and related confimportance were as follows:	auses Date of onset	The principal cause of death and related eauses of importance were as follows:	Date of onset
Arteriosclerosis 5-6-14E	D 1915	Attack of epilepsy	1 week ago
Chronic interstitial rephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 311 6 1936	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S	5. 1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BI	PHYSICIAN

V. S. No. 1

item of infor-

KD. Every

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

rion is very important. See instructions on back of certificate.

#### STATE OF MADVI AND CEDTIFICATE OF DEATH

1. PLACE OF DEATH	OI MAIN	LAND	- 94a	6341.
County Mant	comer		Registration Dist. No.	218
Village or City	tiers be		No. Methodish Home for Agelst, f death occurred in a hospital or institution, give its NAME instock of street is	Ward
2. FULL NAME Namonia	Maynar			
(a) Residence: No. Galti	rersburg	City	St., Ward.	X
	(Usual place		If nonresident give city or town	and State
PERSONAL AND STATIS	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATI	Н
Female 4. color or RACE White	~ .	(write the word)	21. DATE OF DEATH LOS (Month) (Day)	193 6 (Year)
5a. If married, widowed, or divorced HUSBAND of	51	ngle		
(or) WIFE of			22. August 1934 to June	
	July 2	6 than	1	20, 19 36
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months	Days	l If LESS than	to have occurred on the date stated above, ALSS P.m.	eath is said
I862 73 IO	24	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
-   -8. Trade, profession, or particular	1 ~-	ormin.	were as follows:	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Salesman		(1.12	101
A Syndustry or business in which	11 11		angua Bestous	1935
SAW MILL, BANK, etc.				
0. 10 Date deceased last worked at this occupation (month and year)	spen	me (years) 11 It in this pation		
12. BIRTHPLACE (city or town) Vira	inia		Other Contributory Causes of importance:	
(State or country)			arterio selvos is	
E 13. NAME Foster May	nard		Home Tension	
13. NAME FOSTER May	<i>l</i> a		Name of operation	of
(State or country)				an autopsy? 200
15. MAIDEN NAME Lary J	Hudson		23. If death was due to external causes (VIOLENCE) fill in also the follo	
[ 16. BIRTHPLACE (city or town)	9.		Accident, suicide, or homicide?	
Home Of Age	व । आ भार	Laon Sur	Where did injury occur?(Specify city or town, county and	6
17. INFORMANT Gaithersbur			Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	PLACE.
18. BURIAL, CREMATION, OR REMOVAL			Manner of injury	
Place Mt Olivet Cer		ine 23, 36	Nature of injury	
Ba Itimore 19. UNDERTAKER Ernest	Md -Gartner		24. Was disease or injury In any way related to occupation of deceased	, ho
20. FILED July 22, 1936 Clar	sburg Mo	voke	(Signed) Sather F. John	M. D.
4		Registrar	(Address)	×1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, who had no occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
JUL 6 1930				
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

should state

Exact statement

stated EXACTLY.

AGE should be

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

of OCCUPA-

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1.0	1	1	2
0	0	4	Lut

1. PLAC	E OF DEA	TH			(192)	
Count	y Montg	omery			Registration Dist. No. 2/2	
Village	e or City Ne	ar Clar		(II 7yrs,mos	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foraign birth? yrs. mos. ds.	
			T Mile		If U. S. Veteran, specify WAR	
	esidence: No.		(Usual place		St., Ward.  If nonresident give city or town and State	
PER	SONAL AN	D STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)			D (write the word)	21. DATE OF DEATH 6 / 3 - ,193 6 (Year)	
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Dora E. Miles			22. I HEREBY CERTIFY, That I attended deceased from			
6. DATE OF B	Yaars 47	y, and yaar) J	Days	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at	
9. Indust wo SA 10. Date this ya	try or business in the was dona, as \$ AW MILL, BANK, of deceased last won ar \$ AW MILL, BANK, of the waste of	as SPINNER, PER, etc	11. Total t spa occ	ime (years) nt in this upation30	Other Contributory Causes of Importance:	
	PLACE (city or to	ol Miles			Name of operation Date of	
1 (3	tate or country)				What test confirmed diagnosis? Was there an autopsy?	
15. MAIDEN NAME Carrie McDonald 16. BIRTHPLACE (city or town) Maryland (State or country)  17. INFORMANT Mrs Sterling Miles			and		23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicida, or homicide?	
(Addre	REMATION, OR F	ELS LOWN	Md Date /6/1	L5/36,19	Manner of injury	
19. UNDERTAR		sville		- 01:A -	24. Was disaase or injury in any way ralated to occupation of deceased?	
20. FILED	cme 14,	1936.72	Ework.	ll Hellou Registrar.	(Signed) M.D. (Address) Danthersburg 214.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I, VE		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR F	URTHER STATEMENTS BY PHYS	ICIAN
		/ 9
	4.800-0.3	

PHYSICIANS should state Exact statement of OCCUPA.

stated EXACTLY. be properly classified.

AGE should be

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

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(Address)

mation should be carefully supplied.

-WRITE PLAI

N. B.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6343
1. PLACE OF DEATH	(93.6)
County Mantgamery	Registration Dist. No. 216
Village or City Betheada, Md	Notwoodmost Country, Club St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds How long In U.S. if of foreign birth?yrsdsdsds
2. FULL NAME Suman & Tyl	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(a) Residence: No. 3 2 0 4 - 38 by Washen (Usual place of abode)	Mon D Ward. Washington WS
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  What  UM A ALMA /	21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Frank K. Nus	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Dec 7th. 1879	I last saw h Lin alive on June 7, 1936; death is said
7. AGE Years Months Oays If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Pulmonary Embolison
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Judustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	<i></i>
this occupation (month and tune 6 1936 spent in this lightune	
12. BIRTHPLACE (city or town) Sercentry Servers (State or country) Permissioning	Other Contributory Causes of Importance:
II 13. NAME Celevander S. ne	
13. NAME Clyander S. Nye  14. BIRTHPLACE (city or town) - 9 cm aug  (State or country)	Name of operation.  Oate of  What test confirmed diagnosis? None Was there an autopsy? No
15. MAIDEN NAME Sarah Roseilas	23. If death was due to external couses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) - 92 Wally (State or country)	Accident, suicide, or homicide? Oate of injury, 19
17. INFORMANT Inflo Caufille Wal . D.S.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Washington 19 C Oate June 7, 1936	Manner of injury
19. UNDERTAKER Frank Leiere Sons Co	24. Was disease or injury in any way related to occupation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

(Address) 1801 Eye Sy nw Washington

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 3 1996	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHISICIAN				
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	131/
Village or City lessy That	Registration Dist. No. 217
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth?
2. FULL NAME Miss Muraget O'Do	unallif U. S. Veteran, specify WAR
(a) Residence: No. Olchester Md. (Ustal place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WISBAND of OR DIVORCED (write the word) OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)  22. I HEREBY CERTIFY, That I ettended decessed from
(or) WIFE of	May 30 , 19 36, to June 5 , 19 36
6. DATE OF BIRTH (month, day, end yeer)	I lest saw h. alive on S , 19.3. C; deeth is said
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the dete stated above, et ? ! ! ! A.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Data of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	Chronic Interstitial Rephritis 340 a
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	
ID. Date deceased last worked at this occupation (month and spent in this occupation occupation	
12. BIRTHPLACE (city or town) Maryland	Other Contributory Causes of Importance:
(State or country)	Cerebral Kemandage 14de
14. BIRTYPLACE (city or town) Marylace	Neme of operation. The Date of
4 14. BIRTHPLACE (city or town) flary (State or country)	What test confirmed diagnosis? Exercise Was there an autopsy? Ho
15. MAIDEN NAME Mary Ray	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Than Ray Ray  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
17. INFORMANT Stagtal records (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL GEMATION, OR SEMOVAL Place Place 8, 1936	Manner of injury
19. UNDERTAKER Deston Stub (Address) Cleenty	24. Wes disease or injury in any way related to occupation of deceased? 24.
20. FILED JUNE 6 , 1936. C. S. Barnsland	(Signed) M. D. M. D. (Address) Saudy Spring Md.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

	Example I		Example II			
The principal cause of death-and-related-eauses of importance were as follows:  Arteriosclerosis		Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy Run over by street car Peritonitis  Other contributory causes of importance:			
Chronic interstitial ne		1921	Run over by street car	1 week ago		
Cerebral hemorrhage	00F 4 7800	July 5, 1927	Peritonitis	3 days ago		
Text and tex	BUREAU V. S.					
Other contributory	causes of importance:		Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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AGE should be stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

CATE	OF	DEATH	6345
000			

1	1. PLACE OF DEATH	
1	county Mortgomary	Registration Dist. No. 223
	Village or City Takoma Park	No Washing ton Sanitarium & Hospital Ward
	(If Length of residence in city or town where death occurredyrsb_mos.	death occurred in a hospital or institution, give its NAME instead of street and number)  15 ds. How long in U.S. if of foreign birth? 49 yrs. mos. ds.
	2. FULL NAME MY Jacob Orken	NP-4X
	(a) Residence: No. 1101 _ 15 th N.W.	St., Ward. Washington, D.C.
	(Usual place of abode)	If nonresident give city of town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the ward) Separated	21. DATE OF DEATH JUNE 17 1936
	5e. If merried, widowed, or divorced	(Month) (Day) (Year)
	HUSBAND OF (Or) WIFE OF Refused to give	22.   I HEREBY CERTIFY, Thet I attended deceased from
		January 3, 1936, 10 June 17, 1936
ate	6. DATE OF BIRTH (month, day, and year) PPV 30, 1878  7. AGE Years   Months   Days   If LESS than	I last saw h.M. alive on
certificate	58 1 27 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	8. Trade profession or particular	Date of onset
of	kind of work done, es SPINNER etired Federal Em	
back	kind of work done, es SPINNER et ived Federal Em SAWYER, BOOKKEEPER, etc. Retived Federal Em SAWYER, etc. Ployee SAWYER, BOOKKEEPER, etc. Retived Federal Em SAWYER, etc. SAWYER, et	() () ()
on b	10. Date deceased last worked et 11. Total time (yeers)	
	this occupation (month and 1935 spent in this occupation 18 yr	Other Contributory Causes of Importence:
instructions	12. BIRTHPLACE (city or town) 7 Germany	Office Continuously Causes of Importance.
tru	(Stete or country)	Offgrundel Garline
	13. NAME BEY Orken	
See	14. BIRTHPLACE (city or town) 7. Germany	Name of operation Dete of
		What test confirmed diagnosis? Was there en eutopsy? Was there en eutopsy?
important	15. MAIDEN NAME Hannah Fief  16. BIRTHPLACE (city or town) 7. Germany	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
por	State or country)	Where did injury occur?
	17. INFORMANT Wash: 11 Ton Sanitar; 4m Records	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
very	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Z is	Place Echipson Mat. Date wel 19, 1936	Nature of injuryO
TION	19. UNDERTAKER W. Chambers &	24. Was disease or injury in any way related to occupation of deceased?
7	(Address) 1400 Chapin squis. D.C.	If so, specify A 9 A
)	20. FILED June 17, 1936 Ale Rogers	(Signed) M. D.
	Registrar.  If more blanks are needed, address State Registrar,	(Address) / floring land of the first
	a, more visited, weater didit (ckintal),	AGAIL ATT COMMENT OF THE PROPERTY OF THE PROPE

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 9	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
(AND TO USAID TO THE OWN DOOR			

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important.

See instructions on back of certificate.

PHYSICIANS should state

Exact statement of OCCUPA.

N. B.-WRITE PLA

STATE OF MARYLAND	CERTIFICATE OF DEATH 6346
1. PLACE OF DEATH	(167)
County montgomery	Registration Dist. No. 2/3
Village or City Ashvella O Ind.	No. St., Ward
Length of residence In city or town where death occurredyrsyns.	death occussed in a hospital or institution, give its NAME instead of street and number)  Outlier  How long in U.S. If of foreign birth?
2. FULL NAME adam H. Roberts	on (ho war veteran)
(a) Residence: No. Jasrilla Md. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of hay FR berlan	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) and V. 18 4 7	I last saw h alive on 6 1 1 1936 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
88) I 10 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	Shad any Wound a)
work was done as SH K MIII	head Decoratohin 6-17-36
work was done, as SILK MILL, SAW MILL, BANK, etc	frottined & bull
this occupation (month and spent in this occupation coupation	4
12. BIRTHPLACE (city or town) Washington from (State or country)	Other Contributory Causes of importance:
3 Unknown	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external capses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide flue all Date of injury 6-12 19.36  Where did Injury occur? Musuageonery Canada Red
17. INFORMANT S. Robertson	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Parkerille min. Date June 19, 19.36	Manner of injury Charge See Six Medial  Nature of Injury Charter See Six Media
19. UNDERTAKER AM, Reuben Jumphung (Address) Brolowilla MA2	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED 6-19, 1936 mis W.J. Prace.	- (Signed) Rochaill W.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death-and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis JUL 7 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage   BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------------	-----	---------	------------	----	-----------

AGE should be

	IS A PERMANENT RECORD. Every item of infor-	stated EXACTLY. PHYSICIANS should state	properly classified. Exact statement of OCCUPA-
	item	shc	Jo.
	Every	CIANS	ement
•	ORD.	HASI	et stat
	T REC	Y. I	Exa
FOR BINDING	ANEN	CTL	ssified.
INI	ERM	XX	clas
<b>公</b>	I PI	d l	erly
FOI	IS A	state	prop

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

MOTUED | CATUED

mation should be carefully supplied.

N. B.-WRITE PLA

V. S. No. 1

# STATE OF MARYLAND—CERTIFICATE OF DEATH

6347

1. PLACE OF DEA	ATH	A CONTRACTOR	- P3-2
CountyNo.	ntg.		Registration Dist. No. 246
Village or City(	Hen Echo.	Heights	No. St. Ward
Langth of rasidence in	city or town where deat	h occurredyrs	(If death occurred in a horpital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?yrsmosds.
			LLUS. Veteran specify WAR
		o Heights	St Ward.
		(Usual place of abode)	If nonresident give city or town and State
	-	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COL	OR OR RACE S.	OR DIVORCED (write the wo	rd) 70+1- C
	nite	Married	(Month) (Day) (Year)
ia. If married, widowed, or div HUSBANO of	rorced		22, I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Hel	nry P. Ros	gers	Juse 28 - 1936, to June 30-1936
B. DATE OF BIRTH (month, d	and man And	hunisto	I last saw here alive on June 201, 1936; death is said
. AGE Years	Months	Days If LESS to	
		1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
752 8. Trade, profassion, or	particular	ormir	n. were as follows:  O D D D D D D D D D D D D D D D D D D
kind of work done	A, as SPINNER, EPER, etc.	usewife	Collabor Cellar Mage June 30
		5301A-A-5CT-9-3A	
9. Industry or business work was done, as SAW MILL, BANK	SILK MILL, , etc		
10. Date daceased last w this occupation (m yaar)	orked at	11. Total tima (years) spant in this occupation	
			Other Cautributary Causes of importanca:
2. BIRTHPLACE (city or town (State or country)		la.	Chronic myocardity "
13. NAME Joseph			160
14. BIRTHPLACE (city or			Name of oparation Date of
(State or country)			What tast confirmed diagnosis? Was there an au'opsy? M.C.
15. MAIDEN NAME	ary Tille	t.	23. If death was due to axternal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or	town)		Accident, suicide, or homicide? Date of Injury, 19
(Stata or country)			Whare did injury occur?
7. INFORMANT NO.	ra Ardinge	r	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
8. BURIAL, CREMATION, OR	REMOVAL	hts	
Placa Wash D.		Date 7-2 19	Manner of injury
			Natura of injury
9. UNDERTAKER Geor		Co.	24. Was diseasa or injury in any way related to occupation of decaasad?
(Address) 900 ]	Wash D.	(1)	If so, specify Affine A
O. FILED June 30	193 k W.C	Verry on-	(Signed) (Signed) (M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The month and year the deceased last worked at the occupation 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis F. F. F. F. D.	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car .	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		- New York	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BX	PHYSICIAN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	5348
1. PLACE OF DEATH	<u> </u>	
county Rontgomery	Registration Dist. No. 2	14
Village or City Silver Johing, Md.	No. 634 Ridge Aues	Ward
Length of residence In city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and no ds. How long in U.S. if of foreign birth?	
2. FULL NAME Rose, Mrs. E	lizabeth-	
(a) Residence: No. 634 Ridge Ave	Ward,	X
(Usual place of abode)	If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Female 4. color or race or Divorced write the word)	21. DATE OF DEATH  Une (Day)	193_6
5a. If inarried, widowed, or divorced HUSBAND of (or) WIFE of Rose, Mr. Clarence T.	22. 1 HEREBY CERTIFY, That I attended d	
6. DATE OF BIRTH (month, day, and year) March 5 1872		death is said
7. AGE Years Months Days If LESS than	-00	36)
64 3 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8 Trade profession or particular	(1) Carcinoma Lett Breast	Date of onset
9. Industry or business in which work was done, as SILK MILL,	with generalized metasm	1932 ??
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	3) Cachexia	1936
year) occupation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) Washing to u, D.C. (State or country)	Hypertension with	
5 13. NAME Sweeney, Patrick H.	generalized arteriosclerasis	
14. BIRTHPLACE (city or town) St. Mary's Co., Md.	Name of operation None Date of	
(State or country)	What test confirmed diagnosis? Observa filon. Was there an au	topsy? No.
15. MAIDEN NAME Smith - Flizabeth.	23. If death was due to external causes (VIOLENCE) fill in also the following:	
6 16. BIRTHPLACE (city or town) St. Mary's Co., No.	Accident, suicide or homicide? Date of injury	, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)	)
17. INFORMANT OSP; Mr. William G. (Address) 726 gistave Selves Spring	Specify whether injury occurred in Deboury, in HOME, or in PUBLIC PLACE	OE.
18. BURIAL, CREMATION, OR REMOVAL  Place Code of 14:11 CPAR Date 6/9/	Manner of injury	
Place Ceday 19 PM. Date P/ 1936	-Nature of Injury	
19. UNDERTAKER LEGISLATION OF THE STATE OF T	24. Was disease or Injury In any way related to occupation of deceased?	170
20. FILED June 6, 196 JE boundong to	(Signed) Norman & Showaku (Address) 720 Sligg arem	May p.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Beques in T. S. No. 5	wil.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County montgom	Registration Dist. No. 218
Village or City Change Cover	No. (City) St., Ward
	death occurred in a herpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Pathan Ross	
	St., Ward.
(a) Noside Noside (a) (b) Fual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("wite the word)  Male Col Married  Married	21. DATE OF DEATH  /2  (Month)  (Day)  (Year)
5a. If married, widowed or alvorced HUSBAND of (or) WIEE of USE  Ross	22. 1 HEREBY CERTIFY, That I attended deceased from 12 - 4 - 1935 to 3 - 10 - 1936
6. DATE OF BIRTH (month, day, and year) March 4, 186/	Hast saw harm alive on 3 - 0 - 19.36; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10:00 \$\mathcal{Q}_m\$.
75 3 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade, profession, or particular kind of work done, as SPINNER P	my o cardial insuffe Inda
kind of work done, as SPINNER AWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, BANK, etc  10. Date deceased last worked at this occupation (month and spent in this company).	Cherry " unite
work was done, as SILK MILLY Church	
10. Date deceased last worked at this occupation (month and spant in this	
year) occupation 4-0	Other Contributory Canses of Importance:
12. BIRTHPLACE (city or town) Las Randers (State or country)	nephroselerous
13. NAME acof Ross  14. BIRTHPLACE (city or town) Unknown	Name of operation so the short pate of f
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Connie Recom	23. If death was dua to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
E (State or equality) Linking.	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Justi Ross (Address) Gathersburg 2	Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL OREMATION, OR REMOVAL	Manner of injury
place Stelly me & Carrely Date 15- 1956	Nature of injury
19. UNDERTAKER AND MARKET SOURCE MARKETS OF THE STATE OF	24. Was disease or injury in any way related to occupation of deceased?
20. FILED June 13, 1936 Olserda & Broke Registrar.	(Signed) (Address) (Address) (Address) (Signed) (Address) (Address
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arleriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis 1111 6 1936	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year	

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

AGE should be

mation should be carefully supplied.

-WRITE PLAINLY,

ä

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE	OF	DEATH
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- 1		3	1	1	3
9	10	)	5	(	J

1. PLACE OF DEATH	
County Montgomery	Registration Dist, No. 216
Village or City & Klery Chave mg	No. 6 401- Week Owe. Ch. 6k. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidanca in city of town whare daath occurredyrs,mo	s. ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME William Ryan	<i>y</i>
(a) Residence: No. 6 4 0 1 - Mayle (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWEO. OR DIVORCED (write Me word)	21. DATE OF DEATH  (Month)  (Day)  (Yaar)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of Agrice Douglass Ryan	1 HEREBY CERT FY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) may 1. 1846	I last saw ham aliva on June 1/8 1936; daath is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 6.50 P.m.
90 / 17 1 day, hrs.	The PRINCIPAL CAUSE OF OEATH and related causes of importance warp-as follows:
Trada profession or particular	Edena Lucys Date of one of 17
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, atc. P. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Data decased last worked at this occupation (month and	Commission ()
SAW MILL, BANK, etc  10. Data decaased last worked at this occupation (month and year)  year)  11. Total time (years) spent in this occupation occupation	Serve anyocarditis (Chonie). Cw. & R.
12. BIRTHPLACE (city or town) Phila defficie (Stata or country)	Other Contributory Causes of importance: Oldage, My ocaulables
E 13. NAME If m Ryan	- Ma Dyald was mostly glass older
14. BIRTHPLACE (city or town)	Name of operation Deta of What tast confirmed diagnosis? There was there an autopsy? He
15. MAIDEN NAME Ynknow	23. If death was dua to external causes (VIOL ENCE) fill in also tha following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town).  Contact or country)	Accident, sulcide, or homicide?Oate of injury, 19
∑ (State or country)	Where did Injury occur?
17. INFORMANT (Addrass) 640/- Interple we,	(Specify city or town, county and State) Specify whether Injury occurred In INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Franklington D. C. Daje June 20, 1936	Manner of injury
19. UNDERTAKER John P. Hught n. 21	24. Was disease er injury in any way related to occupation of dacaesad?
20. FILED 6 = 1.8 = , 1936 Thomas K. Contact.	(Signad Outers Comarign M. D. (Address) 13.32 Mary are new
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Artistana.	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis : VED	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Jul 6 1936				
Other contributory charges of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL CDACE FOR FURTHER CTATEMENTS BY DHYSICIAN

191 /	STATE OF MARYLAND	-CERTIFICATE OF DEATH 5351
stat UPA	1. PLACE OF DEATH	92-20
COR	County MANNON	Registration Dist No. 223
shou of O	Village or City Odla Lac	No. 20 St. Ward (Reath occurred in a hospital or institution, give its NAME instead of street and number)
~~	Length of residence in city or town where death occurred	_mosds. How tong in U.S. if of foreign birth?yrsmosds.
Every CIANS ement	2. FULL NAME James Milian	n Delly
RD. Ev YSICL staten	(a) Residence: No. 208 (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PH act	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
T REC.	3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWE OR DIVORCED (write) As wor	
ANEN A C T I ssified.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. / I HEREBY CERTIFY, Just I attended deceased from
MA K A lass	(01) WIFE 01	June 4 1900, 10 June 1, 1936
E y c	6. DATE OF BIRTH (month, day, and year) 80 FO FOR	Mast saw h palive on 9227 1936; death is said
IS A PE stated E properly certificate	7. AGE Years Months Days If LESS th	
IS star	Trada, profession, or particular	were astrollows and as a sease Date of onset
of of	kind of work dona, as SPINNER, New SAWYER, BOOKKEEPER, etc.	as heartmorte
VK—TE should it may n back	kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, CALL CALL  SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation proportion of the spant in this spant i	, afterto dilalahon
E sh	10. Date deceased last worked at this occupation bronth and 11. Total time (years) spant in this year) occupation	Mag
AGE that ions		Other Contributory Causes of importance:
NFADING plied. AGl rms, so tha instructions	(State or country)	
NF oplic erm inst	13. NAME ZINANOVI	
sup sup in to See	14. BIRTHPLACE (city or town)	Name of operation Date of Date of
2 7 6	Call of the state	What test confirmed diagnosis? Was there an autopsy?
W refu in	T 15. MAIDEN NAMED OF COOL	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicida, or homicide?
cal TH	16. BIRTHPLACE (city or town)	Where did injury occur?
JAINLY, Id be cal DEATH y import	17. INFORMANT WIRE 1988 THES	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Should OF D	(Address) A O S WWarry W 72	Manner of injury
E (C) 4	Piace Starah, W. C. Date 10 - 1 -, 19	3-6 Nature of injury
WRITE mation s CAUSE TION is	19. UNDERTAKER AND THE WESH A	24. Was disease or injury in any way related to occupation of deceased?
E (T)	20. FILED Jesse 1, 19.36 St. Otto (Roge	(Signed) Many Company Open. D.
-	If more blanks are needed address State Re-	istrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstition nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH

a l	1. PLACE OF DEATH	(3)
3 1	County Montgomery	Registration Dist. No. 46
	Village or City Chary Chase.	No/6 - West Woodbind St., Ward (f death occurred in a hospital or institution, give its NAME instead of street and number)
	10	osds. How long in U.S. if of foralgn birth?yrsmosds
	2. FULL NAME Phelix- They I herri	If U. S. Veteran, specify WAR Worold War.
	110.01016	~
1	(a) Residence: No. / 6 West Woodburk (Usual place of abode)	St., Ward.  If nonresident give city or town and State
1	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ľ	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
ł	OR DIYORCED (write the word)	(Month) (Dey) (Yaar)
ĺ	5a. If married, widowed, or divorced	(Month) (Dey) (Yaar)
	(or) WIFE of Mary 6 Sherrill	22.   HEREBY CERTIFY, Thet i attanded deceased from
ŀ	7/10/0 2/100000	19 %, to June 2 2 19 St
	6. DATE OF BIRTH (month, day, and yeer) / eb- 27. 1889.	I last sew h
	7. AGE Years Months Deys If LESS than 1 day,hrs	to have occurred on the dete stered above, at 1.2.2.2.m.
2000	47 3 26 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importence ware es follows:
	8. Trada, profassion, or particular kind of work done, es SPINNER,	milignant 3
	SAWYER, BOOKKEEPER, etc. Sullain	- Hypertonscon: hyperten - 0
	A Industry or business in which work was done, as SILK MILE SAW MILL, BANK, etc Duildang Business	sine front diseasel. Quego I
		r
ı	O To Date deceased last worked at this occupation (month end of 1935) this occupation (month end occupation 1935) spent in this occupation 2 549	·····
	year) occuperion	Other Contributory Causes of importance:
	12. BIRTHPLACE (city or town) Morthe Carolina.	remainde to arter 3
	(State or country)	- solar (vascular) nephritis
	13. NAME John Sherrill	
l	14. BIRTHPLACE (city or town) With Carolina	Name of operation
I	(State of country)	What test confirmad diegnosis? Was there an autopsy?
1	15. MAIDEN NAME Martha Ceagul.	23. If daeth wes due to axternal causes (VIOLENCE) fill in also the following:
ı	5 16. BIRTHPLACE (city or town) North Carolina.	Accident, suicide, or homicida?
ı	State or country)	Whera did injury occur?
1	17. INFORMANT MAS Sherrill	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	(Address) / 6- West Woodbine of t.	
	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place edar Itill Dete June 2 4, 1936	Neture of injury
	TI. & al Oliver 10	24. Was disease or injury in eny way ralated to occupation of daceased?
	19. UNDERTAKER SAL D. ST. Salves Co (Addrass) 2, 901-14 at 7 NW Washington	DCIf so, spacify
	(do 0 21 (B. O (la ma))	(Signed) Jth Othreber M.
-	20. FILED 1906 1906 WILLIAM	(Address) 1716 R VIII D M

V. S. No. 1

MARGIN RESERVED FOR BINDING

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
21710110001010310	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
LIDEAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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MADOIN		

11	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	1. PLACE OF DEATH	123,-0
	County Moulyours	Registration Dist. No. 3.17
	Village or City Olley, 7hd.	Hore Mostly Co. Yeul J Vostfull Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmos,ds.
	2. FULL NAME Thomas Sims	If U. S. Veteran, specify WAR NC-48
	(a) Residence: No. 402 Sherence Que, n. w. 2	(Stale Ward.  If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) That HUSBAND of HUSBAND of	21. DATE OF DEATH  (Month) 2 4 (Day) (Year)
	(or) WIFE of Mary Suns	22. I HEREBY CERTIFY, That I attended decesed from
	5. DATE OF BIRTH (month, day, and yeer) 7 els. 14 1891	Clast saw h. L. alive on June 54 , 1936; death is sald
-	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2 Am.
	45 ? 4 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
140	N 8-Trade, profession or particular	Straugulated inequinal
-	Industry or husiness in which	Reriba (right) 6-22-3
2000	work was done, as SILK MILL, SAW MILL, BANK, etc	The state of the s
2	10: Date deceased last worked at this occupation (month and year) spent in this occupation (coupation	
	12. BIRTHPLACE (city or town) Rockielle	Other Contributory Causes of importance:
_	(State or country) Maryland	Shock 6-28.
0	13. NAME Thomas Suis	
-	13. NAME Photical Ducks  14. BIRTHPLACE (city or town)	Name of operation Jesus lovery Date of 6-23-0
-	(State or country) Maryland	What test confirmed diagnosis? Edairenties. Was there an autopsy? 20.
2	15. MAIDEN NAME Carries Barries  16. BIRTHPLACE (city or town) Rockerle	23. If death was due to external causes (VIOLENCE) fill in also the following:
1	16. BIRTHPLACE (city or town). Rockerlle	Accident, suicide, or homicide?
2	(State or country) Maryland.	Where did injury occur? (Specify city or town, county and State)
	17. INFORMANT Joaquelal released	Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
į	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
	Place Montg. Co. Home Kochurbaie June 27, 19.26.	Nature of injury
	19. UNDERTAKER Go R. Granden (Address) Rookerille md.	24. Was disease or injury In any way related to occupation of deceased? 700
	20. FILEOJUNE 25., 1936 C. S. Barnsley Registrar.	(Signed) M. D.  (Address) Saudy Spring M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II		
The principal cause of importance were as		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	CEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	1111 7 1836	July 5, 1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory ca	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

should state of OCCUPAitem of infor-

PHYSICIANS

stated EXACTLY.

certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of

AGE should be

Exact statement

# 6354 STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH

County Monlyoney	Registration Dist. No. 214
Village or City Loss Cor	NoSt.,Ward
	If death occurred in a hospital or institution, give its NAME instead of street end number)
Length of residence in city or town where death occurred	osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Cuth Smathers	If U.S. Veteran specify WAR
	etsstele) Ward.
(Usual place of a lode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	193
Sa. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
(OI) WIFE OI Too Smalley	
6. DATE OF BIRTH (month, day, and year) 7 /2 /9 8 4	
7. AGE Years Months Days If LESS than	I last saw h ; death is said to have occurred on the date stated above, at 2 Qm.
2 / C 9 / Iday,hrs.	
0/ 0rmin,	were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER,	
SAWYER, BOOKKEEPER, etc.	Burned in burning
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	- building
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and	<u> </u>
year) occupation	Other Contributory Causea of Importance:
12. BIRTHPLACE (city or town) Monty one Co.	
(State or country)	
13. NAME	
13. NAME La Resolution 14. BIRTHPLACE (city or town) 2 - Le Resolution (State or country)	
(State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME	23. If death was due to external causes (VIQLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? accident Date of injury June 1, 19-3 6
(State or country)	Where did injury occur? Kengar, montgomen Co. ma
7. INFORMANT Sur Smallers	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) - athership not	Home
18. BURLAL, COMMATION, OR REMOVAL	Manner of injury Trapped in burning building
Place ourly House Data / 2 , 1906	Nature of injury Burned.
RANCE!	
19. UNDERTAKER	24. Was disease or injury in any way related to occupation of deceased?
(Address) Acuthershard. not	If so, specify Local Registre
20. FILED June 9, 1936 Margaret C. Tremearn	(Signed) / Carla aut - John Lavie M. D.
Coca Registrar.	(Address) Klensmaton Ind

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(over)

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	Example I			Example II	Zampies	
The principal cause of death and related causes Date of onset of importance were as follows:				The principal cause of death and related causes of importance were as follows:	S Date of onset	
Arteriosclerosis	JUL 7 10	926	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephriti	8		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V	1. S.	uly 5,1927	Peritonitis	3 days ago	
			_1			
Other contributory cause	es of importance:			Other contributory causes of importance:		
Gallstones			1ay 1,1923	Gastroenteritis	1 year	

With the permission of Sta	te's attorney Rugh, as no physician
was hellet to classify, death,	ascertained the bact
County coliceman Burdine 1	who we in a toudance, and signed
the certificate.	margaret C. Tremearne
	Local Registrar Kensing

AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF	MARYI	AND-	CERTIFICA	ATE	OF	DEATH
	1414 /17 / 1	1 11 11	OFICE IO	7 1 m	~ .	

4 .		2	Blow	
6	.3	. 1		
V	U	U	4 1	

1. PLACE C	OF DEATH			159	
County	Morg	Gamer	4	Registration Dist. No. 2/	3
Village or		Grille		No. St., death occurred in a hospital or institution, give its NAME instead of street and num	
Length of re	sidence in city or town where	death occurred	yrsmos	ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NA (a) Reside	011	(Usual place	ont some	Gure . Ward.  If nonresident give city or town and St.	ate
PERSO	NAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE		RIED, WIOOWED, (write the word)	21. DATE OF DEATH  (Month)  (Day)	93 <b>6</b> (Year)
5a. If married, wido HUSBAND of (or) WIFE of	owed, or divorced		0	22. I HEREBY CERTIFY, That I attended decourse 7 1936 to some 2	ceased from
6 DATE OF BIRTH	(month, day, end year)	me ? 1	936		death is sald
1	ears Months	Oays	If LESS than 1 day, hrs. or 2 5 min.	to have occurred on the date stated above, at 1/23 P.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
9. Industry or work w SAW M 10. Date deceathis occ		11. Total ti sper occu	me (years) It in this — pation —	Other Contributory Causes of importance:	
(State	CE (city or town) Cher or country)	Springer reg Clar Md	<b>t</b>	Name of operation	opsy? No
	DE (city or town) Fa or country)	rigabeth was	comold.	23. If death was due to external causes (VIDLENCE) fill in also the following:  Accident, suicide, or homicide?	
	ation, or removal - It hearty, Q	expate 4-	8 ,1934	Manner of injury	
19. UNDERTAKER (Address)	Kenny demis	Spring	ma	24. Was disease or injury in any way related to occupation of deceased?  If so, specify	w.
20. FILED & -	8 ,1936 m	. H.J. P.	Registrar.	(Signed) Salle - Pale (Address) Rodonlle Us	d -

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Example I	1	Example II		
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

PHYSICIANS should state

AGE should be stated EXACTLY.

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

V. S. No. 1

of OCCUPA.

Exact statement

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15	1	5	2	h
U	U	U	1	7

1. PLACE OF DEATH	956 PEXIL 6351
County Montgomery	Registration Dist. No. 228
MIN CONTAGE OF CITY The Bonka Park Md.	No. Vasaura Lisa San T St les Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U. S. of foreign birth?
2. FULL NAME Cleraham Stearma	L. U.S. Veterap specify WAR.
(a) Residence: No. 1760 - Luclid (Usual place of abode)	St., MW. Ward bash. S.R. V NC - 48  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (Price the word)	21. DATE OF DEATH  (Month) (Dey) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I. HEREBY CERTIFY That I attended deceased from
0 -11884	Coril 13, 1936, to time 12, 19 36
6. DATE OF BIRTH (month, day, and year)  7. AGE Years   Months   Days   If LESS than	I last saw h. Luc elive on 6 - 12 - 1936; death is said
51 52 ( 11 1dey,hrs.	to have occurred on the date stated above, at
8 Trade profession or particular	were as follows: Oate of one of Oate of one of
kind of work done, as SPINNER, CLASS SAWYER, BOOKKEEPER, etc.	Cardiae hu platos por
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and this occupation (month and this occupation (month and this occupation).	aprilio /
SAW MILL, BANK, etc. 11. Total time (yeers)	
10. Date deceased last worked at this occupation (month and law. 36 spent in this accupation occupation occupation	
(//// 26)	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	Cardiac Soilure
13. NAME Lewis Slearman	Carpence factore
13. NAME Lewis Stearman  14. BIRTHPLACE (city or town)  Control of the control of	Neme of operation.
(State or country)	What test confirmed diagnosis? Lectro earding? Wes there en autopsy?
15. MAIDEN NAME Sarah Kasbach	23. If deeth wes due to externel causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Sarah Cas back  16. BIRTHPLACE (city or town) - Fevater	Accident, suicide, or homicide? Dete of Injury 19
(State or country)	Where did Injury occur?
17. INFORMANT M. Mais Stearman (Address) 46/0-30HLST. N. W.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION: OR REMOVAL	Manner of Injury
Place Wash my ton SC Oate , 19	Nature of Injury
19. UNDERTAKER B. Landachi	24. Wes disease or injury in any way related to occupation of deceased?
(Addiess) 3501- 117th 84	If so, specify
20. FILED. June 13, 19.36 At & Rogers	(Signed) To Jon
Registrar.	(Address) 300 - Hamilton St. N. W. Woold

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

8-	Example 1		Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1111 8 1036	1915	Attack of epilepsy	1 week ago	
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	RIPEAU V. S.	July 5,1927	Peritonitis	3 days ago	
\$ 7		, i			
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE F	FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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Exact statement of OCCUPA-

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

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# STATE OF MARYLAND-CERTIFICATE OF DEATH

1:	.)	P	1
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1	. PLACE OF DEATH	(I-E)
	County Monlyourry	Registration Dist. No. 214
	Village or City Coffesvilled.	NoSt.,Ward
		death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
	FULL NAME Charles & Stevens	100 100 100 100 100 100 100 100 100 100
-		
	(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. 3	4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (variee tha word)	21. DATE OF DEATH  (Month) (Oay) (Year)
5a.	If married, widowed, or divorced HUSBANO of	
	(or) WIFE of Exper E. Stevens	22. I HEREBY CERTIFY. That I attended deceased from
6 1	DATE OF BIRTH (month, day, and year) 2575 25 1894	I last saw h_L_P_ aliva on
_	AGE Years   Months   Days   If LESS than	to have occurred on the date stated above, at 4. 20 -m.
1	4/1 6 12 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were at follows:
z	R. Trade, profession, or particular	The tarany Septichings Oate of onset
10	kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. Law do capter Law	
UPA	3. Industry or business in which work was done, as SILK MILL, SAW MILL	
OCCUPATION	SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and yaar)  11. Total time (years) spent in this occupation	
		Othar Contributory Causes of Importance:
12.	(State or country) Mary Land	
ER	13. NAME Charles Et Stevens	
FATHER	14. BIRTHPLACE (city or town)	Name of operation
_	(State or country) The	What test confirmed diagnosls? Was there an autopsy?
HER	15. MAIDEN NAME Mary & Crown	23. If death was dua to external causas (VIOLENCE) fill in also the following:
MOTHER	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
-	(State or country)	Where did injury occur?(Specify city or town, county and State)
	(Address) Colesville, med	Specify whether injury occurred in INOÚSTRY, in HOME, or in PÚBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL	Mannar of injury
_	Place Utilington Date June 10, 1836	Natura of injury
19.	UNDERTAKER WARMER & Culliphrus	24. Was disease or injury in any way related to occupation of decaasad?
-	(Address) Rocalville Mil	If so, specify
20.	FILEDUM , 1936 J. Wudley & Register.	(Signed). M. D. (Address) 1/3 Carroll At Tahaalk DC

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Ex	ample I	i	Example II	
The principal cause of deat of importance were as followanteriosclerosis	h and related causes ws: ECEIVE	Date of enset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1111 17 1096	1921	Run over by street car	1 week ago
Cerebral hemorrhage	002 8 200	July 5 1927	Peritonitis	3 days ago
	BUREAU V.	S.		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

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Exact statement of OCCUPA.

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N. B.—WRITE PLA

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6358
1. PLACE OF DEATH	
County Monlysonum muly	Registration Dist. No. 216
Village or City Selfrest Manyline	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mour Clem Storn	
(a) Residence: No. 3/2 (Usual place of abode)	T <sub>a</sub> , X
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH June 1936
5a. If married, widowed, or divorced	(Month) (Oay) (Year)
HUSBANO of Cor Wife of Hemory Charles Storm	22. HEREBY CERTIFY. That lattended deceased from Many 5th 1936, to Wary 0th 1936
	A Paris Ph
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days It LESS than	to heve occurred on the date stated above, at
7 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related courses of Importance
8. Trede, profession, or perticular	were as follows: Oate of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Dan Hyselorse Her
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	2) Spokath Circinima
10. Oate decaasad lest worked at this occupetion (month and year) pcrupation	- Sumani
	Other Contributory Causes of importance
12. BIRTHPLACE (city or town) www. (State or country)	Decredent Smill Juliani
13. NAME Cuyene Sulem	
14. BIRTHPLACE (city or town)	Name of operation Oate of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Julia Marr	23. If death was dua to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city bytown) (Stete or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
17. INFORMANT Daughter Mrs. Sancosol	(Specify city or town, county and State) Specify whether Injury occurred In INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREWATION, OR REMOVAL	Manner of injury
Place Mary Cours Oate 6/1/ 19.36	Nature of injury
19. UNOERTAKER (Seo. H) Wing Con Sec. (Address) 7.644 MI A)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 6-11, 19 36 BC Perry m.O	(Signed) M.D.  (Address) 7320. Prist. Park
I a Kegistrar	(AOORS)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Murciali V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	name of the same o
	*

PHYSICIANS statement

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mation should be carefully supplied. OF DEATH in plain terms,

CAUSE TION

-WRITE PLA

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See instructions on

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19. UNDE

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certificate.

A.	STATE OF MARYLA	AND—CERTIFICATE
stat UPA	1. PLACE OF DEATH	(31)
CC RF	County Montgomery	
shour f. O	Village or City Betherda	No
0,0		(If death occurred in a horpital or in-

LACE OF DEATH	(31)	- 1/	
County Montgomery		Registration Dist. No. 2/6	
County Montgomery //illage or City Bethesda	No	St.,V	Na
ength of residence in city or town where death occurred 4yrs		if of foreign birth?yrsmos	(
ULL NAME Pattie Stephens Thomps	on	Y	

2.	FULL	NAME	F	atti	e	Ste	p.	he	n	S	T	h	on	p	S	OI	1
				7000	**		-3										

Ward.

If nonresident give city or town and State

(a) Re	sidence: No	7200 Hai		ne ace of abode	e)
PERS	SONAL AN	ND STATIST	TICAL PAR	TICULA	RS
3. SEX Female	4. cold	OR OR RACE	5. SINGLE, N OR DIVOI WICOW	CED (write	the word)
5a. If married, HUSBAND (or) WIFE	of	orced C.Thomps	on		
6. DATE OF BI	RTH (month, da	y, end year) N	ov,10th	186	1
7. AGE	Years	Months	Days	lf.	LESS than

RTH (month, da	ay, end year) NOV	,luth /	001
Years	Months	Days	If LESS than
28	6	27	I dey,h

NOI	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
CCUPATI	9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	
8	10 Pate decaged last worked at	11

Total time (years) spent in this None

12. BIRTHPLACE (city or town)	Shelby Co.
(State or country)	K

FATHER 13. NAME William N.Stephen

this occupation (month and

14, BIRTHPLACE (city or town) ... (State or country)

None

MOTHER 15. MAIDEN NAME Margaret H.Bird

16. BIRTHPLACE (city or town) \_\_\_ (State or country)

Robertson 17. INFORMANT Mrs. 7200 Hampdon Lane

18, BURIAL, CREMATION, OR REMOVAL

RTAKER	ar	lin U	UP	YN	one	9
Address)			, /	1	1	
69 7	500 N.	St.N.W	03.0	SKE	Erky	1

Registrar.

21. DATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

6359

The PRINCIPAL CAUSE OF DEATH and related causes of importance

23. If death was due to external causes (VIOLENCE) fill In elso the following:

What test confirmed diagnosis?

Accident, suicide, or homicide?

Where did injury occur?\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE

If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. N. 1.

Manner of injury



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Example I		Example II	5 3 13
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
041			
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
--

N. B.—WRITE PLA

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

RD. Every item of infor-

Exact statement of OCCUPA-

# STATE OF MARYLAND-CERTIFICATE OF DEATH

Country: Month of Country Ward  Village or City Substitution of Country of Co	1. PLACE OF DEATH	99-71
Village Dr City  Length of residence in city or town where death occurred  2. YELL NAME  (a) Residence in city or town where death occurred  2. YELL NAME  (b) Residence in city or town where death occurred  2. YELL NAME  (b) Residence in city or town where death occurred  2. YELL NAME  (c) Residence in city or town where death occurred  2. YELL NAME  (d) Residence in city or town where death occurred  2. YELL NAME  (e) Residence in city or town where death occurred  2. YELL NAME  (e) Residence in city or town where death occurred  3. S. Ward  If annewedent sire city or town and State  PERSONAL AND STATISTICAL PARTICULARS  3. S. Ward  MEDICAL CERTIFICATE OF DEATH  MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH  22. DATE OF DEATH  (Worth)  (	County montemely	Registration Dist. No. 214
Length of esidence in city or form where each occurred \$2 yrs		No. 1106 Harden st Ward
(a) Residence: No. 11 06 (Consistence of bode)  PERSONAL AND STATISTICAL PARTICULARS  J. SIX  4. COLOR OR RACE  MORNING  OF BURKH (month, day, and year)  1. AGE  Vears  Months  Days  1. If LESS than life profession, or particular  Sandia worked and worked worked with the profession or particular  Sandia worked and worked w		
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIVORCED (write the word)  So. It married, widowed, or divorced (cr), MAILE ARRIED, MIDOWED, OR DIVORCED (write the word)  So. It married, widowed, or divorced (cr), MAILE ARRIED, MIDOWED, OR DIVORCED (write the word)  So. It married, widowed, or divorced (cr), MAILE ARRIED, MIDOWED, OR DIVORCED (write the word)  So. DATE OF BIRTH (month, day, and year)  So. DATE OF DEATH  193 Co.  11		an Thorn
3. SEX  4. COLOR OR RACE  MORE OF DIVERSED (winted word)  OR DAYORED (word)  OR DAYORED (winted word)  OR DAYORED (winted		
Trade, profession, or particular works as one, as SILK MILL, BANK, Compation, work as one, as SILK MILL, BANK, Compation, and the supposition of compation.  22. I HEREBY CENTIFY, That I attended decessed from the court of the country of the count	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. DATE OF BIRTH (month, day, and year)  S. DATE OF BIRTH (month, day, and year)  S. Trade, profession, or particular months, day, and year)  S. Sawyer, BOOKKEPER, day, and year)  S. Sawyer, BOOKEPER, day, and year)  S. Sawyer, BOOKKEPER, day, and year)  S. Sawyer, BOOKEPER, day, and year)  S. Sawyer, BOOKEPER, day, and ye	male White Marie the word)	June 14, 193 6
6. DATE OF BIRTH (month, day, and year)  7. AGE  Vears  Months  Days  If LESS than  1 day,hrs. ofmin.  8. Trade profession, or particular skind of work done, as SPINNER had Walta Under SAWYER, BOUNEEPER etc.  10. January (Politicular) SAW MILL, BANK, etc.  11. January (Politicular) SAW MILL, BANK, etc.  12. BIRTHPLACE (city or town) (Slate or country)  Name of operation.  Name of o	HUSBAND of	1 (1 1/4 9/
Take veers Months Days It LESS than I day, hrs. hrs. of many coursed on the date stated above, at \$1.50 ft. m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance with the principal of the principal	6. DATE OF BIRTH (month, day, and year) 2 64 19 1864	
8. Trade, profession, or particular wire as follows:  SAWYER, BONKEPR, olic.  9. Industry or business in which was separated as the companion of the companion	7. AGE Years Months Days If LESS than	0
S. Trade, profession, or particular with of war from as SPINNER had worked as the second of the seco		were as follows:
12. BIRTHPLACE (city or town) Washington (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT MAD  RADIA STATES SPECIFICATION, OR REMOVAL  Place STATES SPECIFICATION, OR REMOVAL  Place STATES SPECIFICATION, OR REMOVAL  19. UNDERTAKED ASSISTED SPECIFICATION  (Address)  20. FILED WALL 6, 1936  12. BIRTHPLACE (city or town)  (State or country)  Manner of operation.  Name of operation.  What test confirmed diagnosis?  Was there an autopsy? No.  23. If deeth was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Date of Injury  19. Where did Injury occurr?  Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  Manner of Injury  19. UNDERTAKED ASSISTED SPECIFICATION  (Address)  10. FILED WALL 6, 1936  11. DEPARTMENT OF THE PLACE OF THE	8. Trade, profession, or particular kind of work done, as SPINNER Water Tender SAWYER, BOOKKEEPER, etc.	- Date of onset
12. BIRTHPLACE (city or town) Washington (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT MAD  RASH AND STATE STATES TO THE STATES OF THE ST	Industry or business in which work was done, as SILK MILL, I have Retired	
13. NAME (city or town)  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT MARE  18. BURIAL, CREMATION, OR REMOVAL  Place Allow Allow Allow Albert Allow Allow Albert Allow Allow Allow Albert Albert Allow Allow Albert Alb	- 10 this deputation (month time / () - 1 - Spant in this 1/1/1	6
What test confirmed diagnosis? Was there an autopsy? No.    15. MAIDEN NAME		Other Contributory Causes of Importance:
What test confirmed diagnosis? Was there an autopsy? No.    15. MAIDEN NAME	II 13. NAME Glason Thomas	
To Maiden Name  15. Maiden Name  16. Birthplace (city or town) (State or country)  17. Informant Market Company (Specify city or town, county and State)  18. Burial, Cremation, or removal Place (Company (Specify city or town, county and State)  19. Undertaked (Address)  19. Und	14. BIRTHPLACE (city or town)	Name of operation
Where did Injury occur?  17. INFORMANT MAD Rosula Land State)  18. BURIAL, CREMATION, OR REMOVAL  Place Villagion Patien Date Line. 1, 136  19. UNDERTAKED Paragraphical (Address)  19. UNDERTAKED Paragraphical (Address)  19. UNDERTAKED Paragraphical (Address)  20. FILED Land 6, 1936  20. FILED Control of Common County and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) / Occupation of deceased?  10. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) / Occupation of deceased?  10. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) / Occupation of deceased?  24. Was disease or injury in eny way related to occupation of deceased?  25. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) / Occupation of injury  (Address) / Occupation of deceased?  (Signed) / Occupation of deceased?  (Signed) / Occupation of deceased?  (Signed) / Occupation of deceased?  (Address) / Occupation of deceased?  (Address) / Occupation of deceased?  (Address) / Occupation of deceased?  (Signed) / Occupation of deceased?  (Address) / Occupation of deceased?  (Address) / Occupation of deceased?  (Signed) / Occupation of deceased?  (Address) / Occupation of deceased?		
Where did Injury occur?  17. INFORMANT MAD Rosula Land State)  18. BURIAL, CREMATION, OR REMOVAL  Place Villagion Patien Date Line. 1, 136  19. UNDERTAKED Paragraphical (Address)  19. UNDERTAKED Paragraphical (Address)  19. UNDERTAKED Paragraphical (Address)  20. FILED Land 6, 1936  20. FILED Control of Common County and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) / Occupation of deceased?  10. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) / Occupation of deceased?  10. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) / Occupation of deceased?  24. Was disease or injury in eny way related to occupation of deceased?  25. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) / Occupation of injury  (Address) / Occupation of deceased?  (Signed) / Occupation of deceased?  (Signed) / Occupation of deceased?  (Signed) / Occupation of deceased?  (Address) / Occupation of deceased?  (Address) / Occupation of deceased?  (Address) / Occupation of deceased?  (Signed) / Occupation of deceased?  (Address) / Occupation of deceased?  (Address) / Occupation of deceased?  (Signed) / Occupation of deceased?  (Address) / Occupation of deceased?	I would want to souther	
17. INFORMANT MAD Results of the State of Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)    O (o   francisco flace of State of State of State of State of Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)    O (o   francisco flace of State of Sta	State or country)	
18. BURIAL, CREMATION, OR REMOVAL  Place Villing how Mattier about 15. 1936  19. UNDERTAKED FARMEN Spring  (Address) Selver Spring  19. UNDERTAKED FARMEN Spring  (Address) Given Spring  (Address) Gigned) The Manner of injury  24. Was disease or injury in eny way related to occupation of deceased? No. 18 so, specify  (Signed) The Month of Manner of Injury  (Signed) The Month of Manner of Injury  (Address) 928 Strapp and, Juria Ju		(Specify city or town, county and State)
19. UNDERTAKED Azner Session Meture of injury  19. UNDERTAKED Azner Session Meture of injury  24. Was disease or injury in eny way related to occupation of deceased? Not lift so, specify  20. FILED Amel 6, 1936  35. Under Market Meture of injury  (Signed) Amel Meture of injury  (Signed) Amel Meture of injury  (Signed) Amel Meture of injury  (Address) 928 Strap and Meture of injury  (Address) 928 Strap and Meture of injury		Manner of Injury
19. UNDERTAKED Azner Sammaker 24. Was disease or injury in eny way related to occupation of deceased? Not (Address) Selver German (Signed) 14. H. Howlett M. D. (Signed) 14. H. Howlett M. D. (Address) 928 Stago and, John francesh	Place Villing town natice al Date June. 17 1936	
20. FILED June 1 6, 1936 JE. Werdong (Signed) 14. Howlett M. D.  (Signed) 14. Howlett M. D.  (Address) 928 Sligo and, Shru francely	19. UNDERTAKED Paznen La minghisey	24. Was disease or injury in eny way related to occupation of deceased?
16 martines and the second sec	20. FILED June 1 6, 1936 SE Wendows	V/ 7/ 3/ 1/ A
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V.S. No. 1.		The state of the s

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o.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employed worker," oberative," etc.

In stating the industry or business, avoid the use of such general to be a 
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death .- Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 wear

ADDITIONAL SP.	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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should state

PHYSICIANS

AGE should be stated EXACTLY.

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

Exact statement of OCCUPA.

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# STATE OF MADVIAND\_CEDTIFICATE OF DEATH

1. PLACE OF DEATH	CERTIFICATE OF DEATH 6361
County Mondamuse	
	Registration Dist. No. 214
Village or City difficult - Village	St., Ward
Length of residanca in city or town where death occurredyrsmos	If death occurred in a hespital or institution, give its NAME instead of street and number)  s
2. FULL NAME Thornton - M	Male inter
	un majori
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	, 193
5a. If married, widowed, or divorced HUSBANO of	(Month) (Day) (Year)
(or) WIFE of	22. I HEREBY CERTIFY. That I attanded daceased from
6. DATE OF BIRTH (month, day, and year) June 1 - 1936	11-1-1-1 1/2
7. AGE Yaars Months Days If LESS Hon	, dadin is said
1 day,hrs.	to have occurred on the data stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	ware as follows:
Kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc	17.116.11
9:1ndustry or businass in which	- MIMMINIA
work was done, as SILK MILL, SAW MILL, BANK, etc	
O 10. Oate deceased last worked at 11. Total time (years)	
this occupation (month and spant in this occupation	
12. BIRTHPLACE (city or town) - Nander Selver Mise	Other Contributory Causes of Importance:
(Stata or country)	
13, NAME (Maying Nobes -	
13. NAME  14. BIRTHPLACE (city or town)  14. BIRTHPLACE (city or town)	
(State or country)	Name of operation Date of
	What test confirmad diagnosis? Was thara an au'opsy?
E M. T	23. If daath was due to axternal causes (VIOLENCE) fill in also the following:
State or country)	Accident, suicide, or homicide? Oate of injury, 19
Alan O	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) Lefter China Will	Spacify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place of Mini of Affairm 19	Nature of injury
10 HADDOTAKED FOR SKILLEDAN TIL den -	
19. UNDERTAKER TY THE CANADA THE	24. Was disease or injury In any way related to occupation of decaased?
2510	If so, spacify
20. FILED LINE 1, 1936 To Wind Cong	(Signed) M. D.

If more blanks are needed, address Stage Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I L   V L L		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STA	TEMENTS BY	PHYSICIAN
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AGE should be stated EXACTLY.

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

PHYSICIANS should state

Exact statement of OCCUPA-

N. B.

STATE OF MARYLAND-CERTIFICATE OF DEATH

13	17	10	6 3
U	3	0	4

1. PLACE OF DEATH		0002
County Moutgomery	Registration Dist. No. 2.	14
Village or City Wheatou	NoSt.,	Ward
Length of residence in city or town where death occurred 70 yrs. 5 mos	death occurred in a horpital or institution, give its NAME instead of street and nu	imber)
2. FULL NAME William Engene Tr	uclas	
(a) Residence: No. Who atom	St. Ward.	
(Usual place of abode)	If nonresident give city or town and S	late
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH  (Month) (Day)	193
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Margaret a. Irucks	22. Oct   HEREBY CERTIFY That I attended do	
6. DATE OF BIRTH (month, day, and year) January 10, 1866 7. AGE Years Months Days If LESS than 1 day,hrs.		
S Trade, profession, or particular	were as follows:	Oate olonset 1924
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month and 1.4.2.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.	Hypertension	1930
10. Date deceased last worked et this occupation (month and 1926 spent in this year)	(-)U	
12. BIRTHPLACE (city or town) Wheatou (State or country)	Other Contributory Causes of Importance:	
13. NAME John del Trucks  14. BIRTHPLACE (city or town) Wheatou  (State or country) Wareloand	Name of operation Date of What test confirmed diagnosis? Wes there an au	lanew?
15. MAIOEN NAME Clina letal Jane, White.	23. If death was due to external causes (VIOLENCE) fill in also the following:	topsy:
15. MAIOEN NAME Alisabeth Jane White	Accident, suicide, or homicide? Oate of Injury	, 19
17. INFORMANT Ma Robert Del Trucks	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	CE.
18. BURIAL, CREMATION, OR BEMOVAL J. Floris Place Sunch Lay - Tolor Date June 16, 19.36	Manner of injury	
19. UNDERTAKER And Cubry Pumpling (Address)	24. Was disease or injury in any way related to occupation of deceased?	uo
20. FILEO June 16, 1936 Margaret C. Tremsear.	(Address) 20 W. Balto. St., Kensing	tou, Me
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Company and the Company and th			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

D. Every item of infor-

Exact statement of OCCUPA-

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

-WRITE PLA

V. S. No. 1 N. B.

STATE OF	MARY	YLAND-	CERTIFICATE OF DEATH	5363
1. PLACE OF DEATH			(165) 2 :	23
county Montgomore			Registration Dist. No.	15
Village or City 204 72 Ollege		lue Jak	orna Packe and st.	Ward
O.	0		death occurred in a hospital or institution, give its NAME instead of street and nunds. How long in U.S. if of foreign birth?yrsmos	
2. FULL NAME OCCAPT 3	2.40			,
1	Usual place	ale I	a Pato na Walkarle, and.  If nonresident give city or town and Ste	ate
PERSONAL AND STATISTICA	L PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
		RIED, WIDOWED, (write the word)	21. DATE OF DEATHY (Month) (Day)	93 (6 (Year)
5a. If marriad, widowed, or divorced HUSBAND of (er) WIFE OF ROATX	livia		22. I HEREBY CERTIFY, That I attended dec	
	wona	0	, 19, to	
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months		If LESS than	I last saw h alive on	leath Is said
39 (0	Days a.q	1 day,hrs.	to have occurred on the data stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and	emael	یم		
work was done, as SILK MILL, SAW MILL, BANK, etc				
I - I was occupation (month and		t in this		
12. BIRTHPLACE (city or town) Badfor	<u>d</u>	pation	Other Contributory Canses of importance:	
(State or country)	ua_		-	
13. NAME dward ac	10			
4 14. BIRTHPLACE (city or town) (State or country)			Name of operation Date of	
	0		What test confirmed diagnosis?	opsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	منع		Accident, suicide, or homioroge 11 Con material injury and 1	1.10.3.4
17. INFORMANT Beatrice 1	vinge	TAR PR.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	Ε. ,
18. BURIAL, CREMATION, OR REMOVAL,	ate Quae	9 tR , 1936	Manner of injury Brucedl Ly Mange	ng
19. UNDERTAKER ALDEMON & PU	agn.	xary	24. Was disease or injury in any way related to occupation of decaasad?	20
20. EHERLIN 8 2 , 13 4 Jas &	every	Registrar.	(Signed) Clayoff 7: Varsons (Address Janama Jask D	Эм. D.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year